MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3.

***** 03609

			- 1	7.	4	
Reg.	Dist.	No.				

			CERTIFIC	ATE OF DEATH Reg. Diat. No	74
How long In above place o	ryton t death? 5 m treet address where d Tubercu	onths	URAL and give nearest town) 2. days 3. Sanatorium	Street No. R. F. D. #2, BOX 409-A (If rural, give LOCATION) 2.(a) It veteran, name war.	est town)
3. (a) TOLL NAME	GERTRUD	E OZE	TTA ANDERSON	3. (b) Social Security N	umber
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	colored	si	ngle	2D, DATE DF DEATH. April 21 19 46	.1.30P.
		6.(4	c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended decease November 19 19. 45 to April 21, and that I last saw h. er alive on April 21,	sed from 21 19 46
8. AGE: Years	Months	Days	tf less than one day	= Immediate cause of death Pulmonary Tuberculosis	6 month
19	8	12	hrs		
10. Usual occupation 11. Industry or business 12. Name	None Bernard Annapoli Sadie Pa	Ander s, Mo	rson l. Sion, Md.	Due to	
Address	Henryton	Date there	(month) (day) (year)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged st 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) Injured et home, farm, industry, public place (where?) Meens of injury 13. SISNATURE. M. D. 2	(State)



H) MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

113	6	11	1	- 1	
Re	- D	iet.	No.	20	
Ke	g. L	IST.	140		

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother).
County Carroll	9 1
City or town (If outside city or town limits, write RURAL and give nearest town)	State 7 di County TO CASTACTA
	City or town
How long in above place of death?	' (If outside city or town limits, write RURAL and give nearest town)
	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles Baile Ba	nteard 213-10-7002
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
my W married	20. DATE DF DEATH. april 12 1946 at 4:30 Pm
11	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6, (b) Name of husband or wife Sylvingura John	I chreen 1946, to apr 12 1846
7. Birth date of	01 1 - 1/1
7. Birth date of deceased (mo., day, yr.) Sec. 20. 1872	and that I last saw h. 4 alive on 19 15
deceased (mo.; der, m.)	Immediate cause of death
72 2 2	Correspondence -
/) 5 22hrs,mln.	
9. Birthplace Courroll Com. A.	Due to arterio selentie Carles V resear , y
(Town, county, and state)	Mierre
10. Usual occupation Horse Punto	Que to
11. Industry or business	
12. Name David G. Bankusd	
	Other conditions
a 13. Birthplace Coarroll Go. Mil.	(Include pregnancy within 8 months of death)
# 14. Maiden name & lisabeth Noutson	Major findings of operations
15. Birthplace Carroll Co. Ond.	
	Date of op.
16. Informant (Mrs.) Blanchard martin	Antopsy results
Address union Bridge, Mid.	
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Puss by Lers and Carra	Where did injury occur?
Location new Windows 1 milli	Injured at home, farm, industry, public place (where?)
18. Funeral director AB assistant & Jones	Means of Injury Injured at work?
	() ~ M. ()
Address Wishmunder and	23. SIGNATURE acces of Thousand
Colo 13 41 Propositionals	M. D. or other
19. (Date ree'd by registrar) Registrar	Address Washerente Mid Date signed Apr 13/46.

APR 17 1946
BUREAU V. M.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 89-2

CERTIFICATE OF DEATH

03611

1. PLACE OF D	r a rest		
	27770	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County		Momenta - A	
City or town.	al near Sykesville	State Maryland County	*******************************
(1)	Outside city of town limits, write KUKAL and give nearest town)	Baltimore City	
How long in above plan	ce of death? 17 yr., 8 mo., 13 days	City or town Baltimore City (If outside city or town limits, write RURAL sne	l give nearest town)
Hospital, Institution,	or street address where death occurred;		
PDLT	ngileid State Hospital	(If rural, give LOCATION)	2
How long in hospital	ngfield State Hospital or Institution, 17 yr., 8 mo., 13 days	2.(a) If veteran, name war	
3. (a) FULL NAM		1 2.(3) It receion, name wat	•••••••••••••••••••••••••••••••••••••••
J. (G) FULL NAM		3. (b) Social S	ecurity Number
	George Beavin, alias Georg	ge F. Bevin	
4. Sex	5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	ON
male	white here		
	Married	_ 20. DATE OF DEATH April 16	46 ,9:580,
	or wife Martha E.	21. I CENTIFY that death occurred on the date above stated: that I atte	
6.(0) Name of husban	or wife		
***************************************		May 1 10 43 to Apr	19.40
7. Birth date of deceased (mo., day,	march 25, 1871		
8. AGE: Yea		Cerebral hemorrhage	DURATION
		Cerebral hemorrhage	36 hrs.
75	00 21hrsmi		
. An	ne Arundel County, Maryland	Due to Arteriosclerosis	2 years
9. Birthplace	(Town, county, and state)	Due to AI CEI LUSCLETUSIS	
	Carpenter & stone mason		
10. Usual occupation.	Personal of Odollo modoll	Due to	
11. Industry or busine	ss		
E 12 Hama R	obert V. Beavin		000000000000000000000000000000000000000
E IZ. Wallio	t. Mary's County, Maryland	- Other conditions	***************************************
		(Include pregnancy within 3 months of death)	
14. Malden name	Elizabeth King	(Include pregnancy within 3 months of death)	
LO	Prince George's Co., Marylan	Major findings of operations.	······································
		— i	op,
16. Interman Spr	ingfield State Hospital reco	OF desopsy results.	
	esville, Maryland	PHYSICIAN: Please underline the cause to which death should be	charged statistically.
Address	or zazo, mary mand	22. VIOLENCE: If death was due to external causes, fill in the tollowing	
17 Duce	, or removal, Which?) Oate thereot	22. VIOLENCE: Il death was use to external causes, lift in the tolown	
Cemetery or cremat	ory Istoodlacon Our.	Where did injury occur?	
Location	colleure, The	injured at home, farm, industry, public place (where?)	********************************
18. Funeral director	W. To Ofelle	Means ot Injury Injured at w	ork?
	2 1 1	Robert Bertrand May, M.D.	0. 0.0
Address (aurele, Mg!	// / / / / n	May MA
Ale.	17 111 008/- 41-1	Springfield State Hospital	M. D. or other
19.	17 19#6 C. Harry Weller gistrar) Registra	Sykesyille Manyland	4-17-46
(there reca by re	Registrar) Registra	Addres Sykesville, Maryland Date	signed T-1/-40

BARTLAND STATE DEPARTMENT OF BEATERS

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APR 20 1946

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ATTIVATED TO THE RESERVE OF THE PARTY OF THE

Terms (100 at a most ownload and

Treat you

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03612

1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (F69 newborn infants give residence of mother)
City or town Medical City or town Minits, write RURAL and give nearest town)	State Mury land Jounty Coassall
How long in above place of death? 3 45 - 2 mo -	(If outside city or town limits, white RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No. P.D. Wood Fine - Md
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) It veteran, name war
Joseph Wesley Down	3. (b) Social Security Number
1. Sex 15. Good or grafte B.(a) Single, married, whowed, or divorced Sury le	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 29 1946 at 1:10 P m
B.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended decased from
7. Birth date of deceased (mo., day, yr.) Oct. 3, 1872	and that I last saw h.i. M. alive on April 29 19.46
8. AGE: Years Months Days It less than one day	Immediate cause of death
73 6 26nin.	Comary thrombos
9. Birthpiace Churles Co. Maryland	Due to arterioscleroschest direce
(Town county, and state) 10. Usual occupation	Lyperteis re cordio varanto deiene
11. Industry or business	Due to. Penile changes
12. Name Joseph W. Sowie 13. Birthplace Mary land.	Diher cooditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name. Simmons	(include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Mary Cand.	Daie of op.
16. Interment Mr Edna Thewitt	Autopsy results
Address Wood fine . hid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereot 5-2-46	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, exemation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery en exemetory	Where did injury occur? (City or town) (County) (State)
Location Westman Ter. Mil.	Injured at home, tarm, industry, public place (where?)
18. Funeral director 6. M. Walls	Means of Injury Injured at work?
Address Win July Mid.	20 SIGNATURE ATT TOURSON. M.D.
10 Spril 29 1046 Edua M. Hewith	23. SIGNATURE M. D. or other Address Pale signed 4/26/46
Registrar	Andrese / / / Andrese / / / / / / / / / / / / / / / / / /

MAY 7 1946
BUREAU V S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (1) (I) MAR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

CERTIFICATE OF DEATH

03613 Reg. Diat. No. \$3

1. PLACE OF DEATH: County Classification	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
City or town (If optside city or town limits, write RURAL and give nearest town) How long in above place of death?	
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street eddress where death occurred:	Street No.
Add to the total and the same	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME John Thomas Bran	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Married	2D. DATE OF DEATH Offil 29 1946 at 4 70 M
6.(6) Hame of husband or wife Mary Elizabeth Browled	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A CAMPAGE OF THE PROPERTY OF T	Chril 23 1946 10 (1 Mil 29 19 46
7. Birth date of School and Schoo	and that I last saw he less alive on Amel 28 1946
deceased (mo., day, yr.) Telefreber 31, 1818	Immediate same of death DURATION
8. AGE: Years Months Days If less than one day	Virus Talumonia 5dys-
6/ 3 27hrsmin.	
9. Birthplace (Town, county, and state)	Due to.
A 12 - 1 - 1 - 1	
1D. Usual occupation.	Due to
11. Industry or business Agriculture	
12. Hame	Other conditions.
	(Include pregnancy within 8 months of death)
14. Maiden name Alatatatatatatatatatatatatatatatatatatat	Major findings of operations
🕱 15. Birthplace	
16. Interment Mary & Blandhulang	Autopsy results
2.1 11. 2.0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Moddfine, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (mopth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Blanklankay China	Where did injury occur?
Location Benett Parado lo Jus.	Injured at home, farm, industry, public place (where?)
18. Funeral director. C. Austria Tille	Means of injury Injured at work?
Address. Address. Mulliner 110. 700.	C. M. 1/2 (A)
ahailah No Edua m. Hard H	23. SIGHATURE M.D. or other/
(Cate rec'd by registrar)	Address MA Clery med Bata storad 4/29/46

RECEIVET. -MAY 7 1946

BUREAUVE

	11	9	6	-1	A
6-	U	0	0	1	4

Reg. Dist. No......

74

... Date signed.....

	1961		
H	2/1	1	1
total	100		
	-		

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case wite the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

/			CATE OF DEATH	Di		
City or town(11° o (11° o How iong in above place Hospital, institution, or Marylan Colored How long in hospital or	rroll Henryton utside city or town if of death? 7 street address where d Tuberc Branch, institution?	imits, write R days death occurred ulosis	2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If ontside city or town limits, write RUR. Street No. 1012 N. Mount St. (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME		CIC	ERO BRELAND	3. (b) Soc 217-		
4. Sex male 6.(6) Name of husband	of wife	ie Bro		MEDICAL CERTIFICA 20. DATE OF DEATH April 15, 21. I CERTIFY that death occurred on the date above stated; that April 8, 19.46 10. A	p	
7. Birth date of deceased (mo., day, y 8. AGE: Years	July 6		c) if alive, give age	Immediate cause of death Pulmonary Tuberculosis		
10. Usuat occupation 11. Industry or busines:	ave Brel	er and	Due to			
14. Maiden name. 15. Birthplace T. 16. Informant.	South Ca B. Lyon,	ine Krolina M.D.	iend a	(Include pregnancy within 3 months of death Major findings of operations	te	
(Burial, cremation Cemetery or cremato Location 18. Funeral director Address 4 - 1 5 - 4	brug Co Robert	Date then	eof 4-18-46 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the faccident, suicide, or homicide	un	
(Date rec'd by re	gistrar)	De	gistrar Address.			

State Mary Land county	***************************************
City or town	and give nearest town
Street No. 1012 N. Mount St.	and give hearest town,
(If rural, give LOCATION)	6.
2.(a) if veteran, name war	<i>V</i>
3. (b) Socia	I Security Number
217-1	0-9690
MEDICAL CERTIFICAT	TION
20. DATE OF DEATH. April 15,	19 46 10:30 P
21. I CERTIFY that death occurred on the date above stated; that to	ttended decessed from
April 8, 1946 10 Ap	ril 15, 1 46
and that t tast saw h im alive on April 15,	10 46
mmediate cause of death	DURATION
mmediate cause of death Pulmonary Tuberculosis	5 years
Due to	
	······································
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Wajor findings of operations.	
	of op
Autopsy results	he charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the foil	
Accident, suicide, or homicide	
Where did injury occur?(City or town) (Coun	ty) (State)
injured at home, farm, industry, public place (where?)	***************************************
Means of injury Injured a	at work?
D. M. digina	
23. SIGNATURE	M. D. 4-15-46
Henryton, Md.	4-10-46



VS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore 46-0

1. PLACE OF DEATH!	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	Slate. Way County County County County
City or town	
How long in above place of death? S6 Means	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or instilution?	2.(a) If veteran, name war.
3. (a) FULL NAME Ida Melvin B	illart 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widawod	20. DATE DE DEATH. While 23 1946 at 9:30 H
6.(b) Name of husband or wife David & Brilliast	21. I CERTIFY that death pourred on the date above stated; that Lattended deceased from
leaned laster of the state of t	much 20 10 48, 10 9/2 23 10 46
7 Right date of	and that I last saw had alive on 19.7.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate gaussof death
86 2 29hrs.	In.
100000	
9. 8irthplace (Town, county, and state)	Due to
10. Usual occupation. Danse Weft	Dua to
11, Industry or business	
12 Mama Jacol Caltrider	Other conditions Annualy destarasely
13. Birthplay Marelland	(Include pregnancy within 3 months of death)
14. Maiden name Currafuary Sellers	
14. Maiden name Curvashary Sellers 15. Birthplace Manskard	Major findings of operations.
III The A sille and	Actory results.
18. Informant	PHYSICIAN: Please underlise the cause to which death should be charged statistically.
Address Male Medle Mal	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery of crematory Cemetery	Where did injury occur?
Location Manchester / Jud.	injured at home, farm, industry, public place (where?)
Court Winding Sand	Means of Injury Injured at work?
18. Funeral director	1 Dr D D
Address Manchester Man	23. SIGNATURE DISALLE M. D. or other
19 aku. 24 Mis W. R. J. Demee	M. D. or other
(pate rec'd by registrar) Registr	ar Address Duriffeling Dut Date signed 4 - 13-46

MAY 4 1946 BUREAU V.M. write

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642)

CERTIFICATE

or town limits, write RURAL and give nearest town

.6.(c) If alive, give age

if less than one day

.....hrs.

Days

(Town, county, and state)

03616

OF DEATH	Reg. Dist. No.	
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
State Muyland	County	**********
	mits, write RURAL ond give nearest town	i)
Street No. 2639 Cigar	give LOCATION)	
2.(a) If veteran, name war		
	3. (b) Social Security Number	
	CERTIFICATION	-0
20. DATE OF DEATH Cone	28 1946 at 31	15/
21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from	
	19 to	19
Immediate cause of death Stah wounds	nece abdonew	RATION
Due to		
Due to		
Other conditions		
(Include pregnoncy within		
Resporated measurary Autopsy results. None	Date of op. 4-23	
	which death should be charged statistical	у.
22. VIOLENCE: If death was due to external		5-46
Accident, suicide, or homicide.	Date of	V7-1
Where did injury occur? (City or tow	(County) A (State)	A 1

Address (month) (day) (year) (Burlal, cremation, or remoyal, Which?)

23. SIGNATURE.

Injured at home, farm, Industry, public place (where?

Examiner M. D. or other

medical

(Dete rec'd by registrar)

1. PLACE OF DEATH:

How long in above place of

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace.

5

1D. Usual occupation 11. Industry or business

13. Birthplace

15. Informant ... A.V.

14. Maiden na 15. Birthplace 14. Maiden name.

8. AGE:

How long in hospital or institution? 3. (a) FULL NAME

6.(b) Name of husband or wife

Years

Hospital, Institution, or street address where death occurred:

5. Color or race

Months

Means of Injury

A15 AS ASE WRITE

APR 30 1946
BUREAU V.C.

VS A15

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	MARYI	AND	STATE	DEPARTMENT	OF	HEALT
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W 03617

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Carroll	state Maryland County Carroll
City or town(If outside cit, or town limits, write town and give nearest town)	(Neen) Union Bridge
How long In above place of death?	City or town
Mospital, institution, or street address where death occurred:	Street No. Rural
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Mere Had U. Duffing lo.	n none
4. Sex 5. Color or race 6.(a) Single, married whowed, or divolved	MEDICAL CERTIFICATION
I w markield	20. DATE DE DEATH. April 2/ 1946 al 12 A. M.
6.(b) Name of husband or fife Slavence &	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
and a selfer	Och 74 1945, 10 Apr 2/1946
7. Birth date of	and that I last saw h Amalive on Manager 20 19% Co.
deceased (mo., day, ye.) 8 A.G.F. Tears Months Days If less than one day	Immediate cause of death
1101100	Lancino
40 6 28hrsmin.	· Lived
9. Birthplace	Due to
(Town, county, and tate)	
1D, Usual occupation	Due to
11. Industry or husiness	
12. Natural M. Manylluss 13. Birthplace De my	Dther conditions
13. Birthplace 1	(Include pregnancy within 3 months of death)
14. Malden nat da B. Otsler 15. Birthplace 0 5 5ml	
E De Sul	Major findings of operations.
= 15. BITINDIANS	Date of op.
18. Informant Carelle 6. Buffington	Autopsy results
Address Mean Bridge R.D.	
17 Durial Date thereo Operal 24, 19	710LENCE: It death was due to external caucee, till in the tollowing:
(Burial, cremstion, or removal, Which?) Date thereon (month) (day) (year)	Rident, suicide, or homicide
Competery or crematory	Where did injury occur?
word you galeburg . me	Injured at home, tarm, Industry, public place (where?)
18. Funeral director (ODS) Tursel + Soul	Meane of Injury Injured at work?
Address Out to Auth The	2 11 Page
AUDIESS CONTRACTOR OF THE PROPERTY OF THE PROP	23. SIGNATURE M. D. or other
19 (Data read by recistrary) 19 4 C Registrar	Address Misses Brusse Date stand 4-22-46

APR 24 1946
BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97



CERTIFICATE OF DEATH

1 64	*	0361874
		Reg. Dist. No.

How long in above place Hospital, Institution, or Sprin	Carroll I near Sykesy outside city or town limits, write R ol death? 13 yr., 2 street address where death occurred gfield State I	mo., 25 days	City or town		
3. (a) FULL NAM	Albert Cod	oksey	3. (b) Social Security	Number	
4. Sex male	5. Color or race 6.(a) Single white	e, married, widowed, or divorced single	MEDICAL CERTIFICATION April 20 19 46	, 7:28a.m	
		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended decea May 1 19 43 to April and that I tast saw h imalive on April 22	281946	
8. AGE: Years 76		it less than one day	Senility		
1D. Usual occupation.	(Town, county, and a farmer agriculture	Maryland	Oue to.	13 yrs.	
12. Name Haw		Maryland ttingly	Other conditions Psychosis with cerebral arteriosclerosis (Include pregnancy within 3 months of desth) Major findings of operations.	13 yrs.	
16. Informan Spri		Hosp. records	Autopsy results		
17(Burial, cremation	1/1/1	(month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	
1B. Funeral director Address	He - th	Alle, ms, Allegon edolf, md,	Means of Injury Injured at work? Robert Bertrand May, M.D.		
19 Apr	20 19 H. 6. C.	Harry Weer	Springfield State Hospital M. D. Address Sykesville, Maryland Date signed	-20-46	



1 DI LOP OF DEARE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-8

CERTIFICATE OF DEATH

★ 03619 Rog. Diat. No. 2#

county Cari				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town PUT	al near	Sykes	ville	State Maryland County Frederick	***********
(II O	nuside city or town in	mits, write R	URAL and give nearest town) MO., 24 da.	Fredomials	
Hospital, Institution, or	street address where	death occurred		City or town	
			pital	Street No	100000000000000000000000000000000000000
How tong In hospital or	Institution? 16	/r., C	mo., 24 da.	2.(a) If veteran, name war	•••••
3. (a) FULL NAME		- C+ - :	0	3. (b) Social Security N	umber
	Bertran		ner Cramer	none	
4, Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White	Sing	te.	20. OATE OF DEATH. April 12 19 46	.77:50n
A (1) N					
				Most 7 40 Ammil 7	12 19 46
) If alive, give ageyear	and that I last saw h. im alive on April 11	19 46
deceased (mo., day, yr	Months	Plane	1 141 15	Immediate cause of death	DURATION
8. AGE: Years		Days	If less than one day		*******************************
				General paralysis of insane	19 yr.
9. Birthplace Frederick, Mary land (Town, county, and state)				Due ta	**********************
1D. Usual occupation					
			***************************************	Que to	*********************
11. Industry or business				-	10.10.000000000000000000000000000000000
12. Name	//	10		Other conditions	***************************************
The state of the s	Cuan	>		(Include pregnancy within 3 months of death)	
14. Malden name	Susan		4	Major findings of operations.	
		yland		- Date of op	**********************
18. Informant Spr	ingfield	State	Hosp record		
Address Syke	sville,			PHYSICIAN: Please underline the cause to which death should be charged st	atistically.
17 Burial Date thereof 4-15-46				22. VIOLENCE: If death was due to external causes, fill in the following:	
(Buriar, cremation, or removal, which)				Accident, suicide, or homicide	
Cemetery or crematory	July.	aleve	- Cenelly	Where did injury occur?	(State)
Location	Treder	uck	med.	Injured at home, farm, industry, public place (where?)	
18. Funeral director. C. E. Cline & Lon				Means of injury tnjured et work?	
Address Frederick md.				Robert Bertrand May M.D.	mo
00.0		0	11/ 1	23, SIGNATURE Stopert Bertrand May	11/1
19. Charles 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.				Springfield State Hospital M. Doro Address Sykesville, Maryland Bata Stand 4.	-12-46

the admin of A dies. Let A I A Estado the a

RECEIVED APR 17 1946 BUREAU VE

PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

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	THE Y
CERTIFICATE OF DEA	

U	D	U	6	Į

			CLRITICA	IE OF DEATH	Reg. Diat. No	. I
1. PLACE OF D	EATH: Proll			2. USUAL RESIDENCE (HOME) OF I		
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Months. 3 days Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatoribum Royland Principle Residence, Henryton, Maryland.				State Maryland County City or town Baltimore (If outside city or town limits, w Street No. 1818 Woodyear (If rural, give LC 2.(a) If veferan, name war.	write RURAL and give ne	earest towo)
3. (a) FULL NAM	ME	144			3. (b) Social Security	
1.0	5. Color or race		RE DAVIS		215-22-14	ŦT0
4. Sex				MEDICAL CER		A
male	colored	lsi	ngle	20. DATE OF DEATH April 27,	19.46	111.40 M
6.(b) Name of husband or wife			c) If alive, give ageyears		15 . April	27, 19 46
8. AGE: Yea	rs Months	Days	If less than one day	Pulmonary Tubercul	osis	9 month
18	3 0	. 8	hrsmin.			***
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation In Merchant Marines 11. Industry or business 12. Name Floyd Davis 13. Birthplace Charlotte, Va 14. Maiden name Bessie Peters 15. Birthplace Charlotte, Va.				Other conditions (Iociude pregnancy within 8 mor	ths of death)	
16, informant Deceased				Actorsy results		
Address 17. But Date fhereof. H-30-446 (Burial, cremation, or removal, Which?) Cemetery or crematory. H. A. W. W. L. Location. But invale Life Location. Location. Address (300) Posstman J. C. Address (300) Posst				Where did injury occur?	(Connty)	(State)
19. 4/27 (Date rec'd by 1	1946 registrar)	Depu	ty Local Registrar	Address Henryton, Md.	M. D. Date signed.	4/27/46

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9-45-15M

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A/F A	DVI	AND	CTATE	DEDADTMENT	OF	BEALTH
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2411 N. Charles St., Baltimore (2)

03621

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give neares) town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3.(b) Social Security Number MEDICAL CERTIFICATION
male white single	2D. DATE OF DEATH. A find 7 19.46 at 3:20 A. M
6.(6) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) Aug 29 1969 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Baltimare City Main 19. 10. Usual occupation Welseling Myssis Message 19. 11. Industry or business	21. I CERTIFY that death occurred on the date above stated; that I attended doceased from North I 19.46 to Afril 7 19.46 and that I last saw h. Arr. alive on Afril 6 DURATION Immediate cause of death DURATION Due to
12. Name Delia Rolland 14. Maiden name Delia Rolland 15. Birthplace Steland	Other conditions . Schripphilinia Meleghilinia type
Address 2 x 5 7 Lake Aug. Rathing Md-	Autopsy results
17. (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director Address 91 + Greenout Great 19. (Data rec'd by registrar) Date thereof. (Inches thereof. (I	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

CERTIFICATE OF DEATH

03622 Reg. Diat. No. 2#

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tyrights givy residence of mother)
	State Bull County Rashington
City or town (If outside city or town lights, write RURAL and give nearest town) How long in above place of death?	City or town (11 outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or street address where death or current	# c:
Sommer fill the strange	Street No
How long in hospital by distitution?	2.(a) I1 veteran, name war
3. (a) FULL NAME	2. Eyler. 3. (b) Social Security Number
4. Sex 5. Color or race 5.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 W mended	Millatt was
- I myana	20. DATE OF DEATH 1946, at 8 DAM
6.(b) Name of husband or wife.	21. JERTIFY that death occurred on the date above stated; that I attended deceased from
	June 13 42 to 42 19 46.
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of desth
60 9 — hrsmin.	
0-	Manue Jugathaning Juga
9. Birthplace	Due to.
10. Usual occupation	willest the figure
	Due to.
11. Industry or business	Jagana Jagan
12. Name	Other conditions
Z 13. Birthplace	(Include pregnancy within 3 months of death)
= 14. Malden name Alan Sulland	Major findings of operations.
15. Birthplace	major radiugs of operations.
16. Interment were Cuter	Autopsy results
Addres IN Balling St Hasenste	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A CONTRACT ORGANICAL CONTRACT OF THE CONTRACT	22. VIOLENCE: If death was due to external causes, 1111 in the following;
(Burial, cremation, or removal. Which?) Date thereo1 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Green Hell Cometery	Where did injury occur? (City or town) (County) (State)
Location News Marshow Ha	Injured at home, 1arm, Industry, public place (where?)
18. Funeral director Al Callett & Gerove	Means of Injury Injured et work?
Address Mallesbow 4a	W & Mont Sun
11/19/1 4/ 0.4/ 4/1	23. SIGNATURE M.D. or other
19. White ree'd by registrar)	when he mile mid and 19/41

Children at burners and server investmen

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APR 11 1946

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-6.

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74 Reg. Dist. No. .

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MARGIN RESERVED FOR BINDING UNFADING INK. Supply every item of information earefully. The con	Creatily and regionly.	ounty	ove place ution, or and	of death? street add	lress wh	ere
formati	mean near	B. (a) FULI	4000			
. E.	5 4	. Sex		5. Cotor	Or race	
of	ğ f	'emale)	co.	L.	
MARGIN RESERVED FOR BINDING NFADING INK., Supply every item of	Tile car	5.(ò) Name of	husband	or wife	J	0.5
OR	i life	l. Birth date o deceased (m		.) (Oct	ot
D E	>	B. AGE:	Years	Mo	nths	
VE	Sas		47		5	
SER.	s: pie	9. Birthplace.		Wynr	10,	N wn
RE	leian	10. Usual occ	upati on	Н	us	NE.
TIE TIE	JY S	t 1. Industry o				
MARC	<u>ا</u>	12. Name 13. Rirthp		Fran St.	lk l Mai	3r ry
5	an	er, 13. Mirroll	nacc		1701	

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CERTIFICATE OF DEATH

		511/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/4/		West			
1. PLACE OF D	EATH:			2. USUAL RESIDENCE (HOM (For newborn infants give resid	1E) OF DECE	ASED:	
county Car	roll	*************	***************************************	Maryland	S S	St. Mary'	S
City or town Henryton (If outside city or town limits, write RURAL and give nearest town)			Ridge				
(1	outside city or town in	month	S	City or town	limite muite 1	DIIDAT and give no	rest town)
How tong in above pla	ce of death?or street address where	death occurred	 :	Wynne	vii limits, write i	KOKAL SIIG BIVE HEE	lest town,
					al, give LOCAT	ION)	
Colored	Branch,	Henry	Sanatorium ton, Maryland	0 (-) 141		1,	
				2.(a) If veteran, name war			
3. (a) FULL NA	ME				3. (8	b) Social Security	Number
		GERTR	UDE FORD				
4. Sex	5. Cotor or race	6.(a)Single	e, married, widowed, or divorced	MEDICA	L CERTII	FICATION	
female	col.		married	2D. DATE OF DEATH April]	L4,	19.46	9:05Am
	d or wifeJos	enh F	ord	21. I CERTIFY that death occurred on the			
			1 ()	February 14.	1. 46	. April	14. 1. 46
		6.(0	e) If alive, give ageyea	and that I tast saw h er alive on	April	14.	19 46
7. Birth date of deceased (mo., da	(v.) Octob	er 18	, 1898				
8. AGE: Ye		Days	If less than one day	Congestive Car	rdiac I	Failure	2 months
4	7 5	26					
		1	A selle				********************
9. Birthplace	Wynne, M	county, and a	na Azver	Due fo			***********************
	Housew	rife	, 64.60 /	***************************************			***************************************
10. Usual occupatio	1		***************************************	Due to		******	
t1. Industry or busin							
百 12. Name	Frank Br	iscoe	***************************************	Other conditions Pulmonar	y Tuber	rculosis	4 months
12. Name	St. Mary	's Co	unty, Md.				
8				(Include pregnancy w	ithin 3 months o	f death)	
14. Maiden nan 15. Birthplace	e			Major findings of operations		***************************************	
						Dafe of op	
16. Informant	L. B. Lyo	n, M.I	9. 27. D.	Autopsy results		*******	
	Henryton,			PHYSICIAN: Please underline the cau	se to which deat	th should be charged	statistically.
Address	0		, ,	22. VIOLENCE: If death was due to ext	ernal causes, fill	in the following;	
17 /Our	on, or removal, Whight	Date ther	eof 4-17-46 (month) (day) (year)	Accident, suicide, or homicide		Date of	
,	/ /	ters					***************************************
Cemetery or crem	atory	Jan		Where did injury occur?(City or	town)	(County)	(State)
Location	Rule	ــــــــــــــــــــــــــــــــــــــ	med,	Injured at home, farm, industry, public	place (where?)	••••	
46.8 1.46	SIC R	che.	And)	Means of Injury		Injured at work?	
18. Funeral director	1	1 T		01	. /		
Address	devaa	nd lo	ere me	23. SIGNATURE	Kypp	<u>м. р.</u>	
19. April	14, 19 4	6 all	R. Swarthe	Wannistan .			4-14-46
(Date rec d by	regional)	1)6	eputy Local Registr	NEGLESS		maio oigneu.	

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AFR 20 1946

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RITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 13-14

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CERTIFICATE	OF	DEATH
CERTIFICATE	Ur	DEAIR

	Reg.	Dist.	No	/4	
-					
7	DECEACE	n.			

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore (If outside city or town limits, write RURAL and give nearest town) 1618 Druid Hill Ave.		
Golored Branch, Henryton, Md. How long in hospital or institution?	(If rural, give LC 2.(a) If veteran, name war		*******
3. (a) FULL NAME PETER GARRETT		3. (b) Social Security Nur 212-05-524	
4. Sex 5. Color or race 8.(α)Single, married, widowed, or divorced male col. single	MEDICAL CER		1:55P.
8.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above March 22, 19. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	16 April 1, il 1,	19 46 18 46
8. AGE: Years 41 6 7	Pulmonary Tubercu	losis	ouration about month
9. Birthplace	Oue to		
14. Maiden name Emma Jones 14. Maiden name Middlesex Co., Va. 15. Birthplace Middlesex Co., Va. 16. Informant I.B. Lyon, M.D. Address Henryton, Md.	(Include pregnancy within 3 mot Major findings of operations	Oate of op	
17. Bartion, or removal, Which?) Oate thereof. 4/4/4/6 (Burial, cremation, or removal, Which?) Cemetery or crematory. Landau Danks. Location	22. VIOLENCE: If death was due to external causes Accident, euicide, or homicide	(County) (S	State)
Mrs. George H. Holland 16. Funeral director Address 1631 Druid Hill Ave. 19. 4/1 19. 46 albert R. S.	23. SIGNATURE	ym M. D. on	-1-46



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

CERTIFICATE OF DEATH

03625

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State County County
City or town	0 . 77
How long lp above place of death?	City or town (If ontside city or town limits, write RURAL and give nearest town)
Mospital Institution, or street address where death occupied:	Street No.
How dong in hospital of institution?	(If rural, give LOCATION)
A	2.(a) If veteran, name war.
3. (a) FULL NAME analysis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
J. W. Mazzeld.	2D. DATE OF DEATH WASHING 1946, at 405 & M
8, (b) Name of husband or wife. Lalatatel Hornort	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19.7. 10. W. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days It less than one day	
62 / / / / / hrsmin.	Clerenal Dringhar Musica - 2d
B. Birthplace Lacily - Staly.	Due to.
(Town, county, and state)	Christa Brutandels 3m.
10. Usual occupation.	Due to A
11. Industry or business	Dent asserte Selevine 6 mg
12. Name 12. Name Cuffita	Diher conditions
X 13. Birthplace	
14. Malden name.	(Include pregnancy within 8 months of death)
	Major findings of operations.
X 15. Birthplace	Date of op
18. informant	Antopsy results
Address 505 Ruspe live Pully	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Bate thereof ## - #6 - #6 (month) (day) (year)	Accident, suicide, or homicide
Municipal the deal of	
Cemetery or crematory	Where did injury occur?
Location Location	Injured at home, farm, industry, public place (where?)
18. Funeral director. The Cooks, States	Means of Injury Injured at work?
Address 1217 St. Paul A.	M. H Mastin M. W.
19. Oskel 16 1946 C. Hamilier (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. opolytes

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APR 17 1946
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MARYLAND STATE DEPARTMENT OF HEALTH

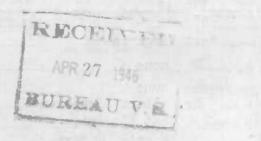
2411 N. Charles St., Baltimore /3-

03626

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	Number
6.(6) Name of husband or wife. Walter W Hammersla	21. I CERTIFY that death occurred on the date above stated; that I attended dece January 1, 1946, to April	25. 3946
unknown	and that I last saw h Br alive on April 24	1946
deceased (mo., day, yr.) March 27, 1891	Immediate cause of death	
8. AGE: Years Months Days It less than one day 55 0 29hrsmin.	Tuberculosis of the Lungs	more than
	Due to.	2 manahha
9. Birthplace West Virginia (Town, county, and atate)	BUC 10-	**
10. Usual occupation	Due to	
11. Industry or business none	Other conditions Schizophrenia parenoid	30 yrs.
12. Name Dr. Albert Zimmerman 13. Birthplace West Virginia		
	(Include pregnancy within 3 months of death)	
14. Malden name Fannie C. Barney 15. Birthplace West Virginia	Major findings of operations	
18 Informant Hospital Records	Antopay results.	
Address Sykesville, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
of Burial and 22	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory.	Where did injury occur? (City or town) (County)	
Location	Injured at home, farm, Industry, public place (where?)	••••••
18. Funeral director. Clines Stor. Confeling don)
Address 924 E. Cager St. Balto 2-med	23 SIGNATURE AT Many M. Ken	
19. #/27 19.46 Q.W. Nedruck (Date rec'd by registrar) Registrar	Address Lukewille Md Date signed	or other 4.5.46





2411 N. Charles St., Baltimore 107

CERTIFICATE OF DEATH

03627

Reg. Dist. N	lo
DECEASED:	
Prince	Coo

DURATION 4 days

40 yrs.

CERTIFICAT	Reg. Dist. No.		
1. PLACE OF DEATH: Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. rural near Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 15 yr., 11 mo., 8 days	State Maryland County Prince Geo.		
How long In above place of death? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City or town		
How long in hospital or institution? 15 yr., 11 mo., 8 days	2.(g) If veteran, name war		
3. (a) FULL NAME Frank Hardy	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced single	MEDICAL CERTIFICATION 2D. DATE DF DEATH. April 2 19. 46 at 12:4		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 18 43 to April 2 19 4 and that I last saw him alive on April 2 19 4		
8. AGE: Years Months Days If less than one day	Bronchopneumonia DURATIO day		
9. Birthplace	Due to		
12. Name. Alfred Hardy 13. Birthplace Massachusetts	type in a mental defective 40 y		
14. Maiden name Elizabeth Swett 15. Birthplace Massachusetts	Major findings of operations		
1B. Informant Springfield State Hosp. records Address Sykesville, Maryland	Autopsy results		
(Burial, cremation, or removal, Which?) Cemetery or cremator (Company of Company of Com	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Antiferential Medical States (1988)	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Robert Bertrand May, M.D.		
Address Ofytheartle, Med.	23. SIGNATURE Box State Hospital M. Borother Address Sykesville, Mary land Date signed 4-3-46		

VS A15

PLEASE

WRITE PLAINLY, WITH UNF is especially important.

APR 15 1946 BURFAU V.S. THE COUNTY OF THE PARTY OF

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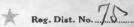
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

03628



	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: For newborn infants give residence of mother)
City or town MANCHES LE MA Peral	Stat Mary land county Carroll
(If outside city or town limits, write kUKAL and give nearest town)	12 1 12 1 12 0
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Myllus / 7 d.
million Red	(If rural, give LOCATION)
How long in hospital or lostitution?	2.(a) If veteran, name war
3. (a) FULLINAME	3. (b) Social Security Number
Osaac Cruny Have	
4. Sex S. Color or race 6.(a) Single, praffled, widowed, or divorced	MEDICAL CERTIFICATION
male white widgiver	20. DATE DE DEATH. PRINCE 13 19. 46 21 6 3 P. M
8.(b) Name of husband or wile and Aure	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Circle 1: 1940, 10 1866 13 1946
7. Birth date of	and that I last few harmalive on
deceased (mo., day, yr.) (Leg 1 6 6 8	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Contracte Occhesion 2 his
hrsmin.	
9. Sirthplace Thorn country and state	Due to home Mujocarditio
(Sollker) -larger	
10. Usual occupation.	Due to.
11. Industry or business	
12. Name abraham 7. Agal	Dther conditions
13. Birthplace Maylenge	(Include pregnancy within 3 months of death)
14. Maiden same. Musy) Admit white	
14. Malden same Mung Manufacia 15. Birthplace manyland	Major findings of operations.
24.6 017.1	Date of op.
16. Informant	Antopsy results
Address Marchester, Mil	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. Anoth (day) (year)	Accident, suicide, or homicide
Man to Reco	
Cemetery or crematory	Where did injury occur?
Location Sales Co red	Injured at home, farm, industry, public place (where?)
18. Funeral director Educatifation	Means of Injury Injured at work?
Address Hambatolad Wed	80. 7h B 050
Maries - accept the first	23. SIGNATURE M. D. or other
19. USU. 13 19.46 Mrs. W. R. S. Jenner	Address 7 Varification melade signed 4-13-46
(Date rec'd by registrar) Registrar	Address Date signed 7

APR 25 1946 BUREAU V.T. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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-			74
00	Dist	No.	1 "2

1. PLACE OF County Car	DEATH	l:]			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of r			
County	enr	vton	***************	,	State Maryland County			
Gily or town	If ontsid	de city or town li	mits, write B	ural and give nearest town) mo's, 22 days	City or town Baltimore (If outside city or town limits			
How long in above p	ace of d	eath?	death necurred	ino s, as days	(If outside city or town limits,	, write RURAL and giva ne	arest town)	
Marylai	nd !	Pubercu	losis	: Sanatorium	Street No. 1503 Jefferson Street (Ifrural, give LOCATION)			
Colore of How long in hospita	B-	ranch,	Henry	ton, Md.	2.(a) If veteran, name war			
3. (a) FULL NA	ME					3. (b) Social Security		
	7	VERNELL	E HOR	NS		None		
4. Sex	5.	Color or race	\$.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	D	
female	9	colored	M	arried	20. DATE OF DEATH April 28	3, 19 46	,ai 11:10 M	
6.(b) Name of husb	and or w	le Lee	Andre	w Horns	21. I CERTIFY that death occurred on the date about March 6, 19.	re stated; that lattended dece	28, 19 46	
7. Birth date of				c) If allve, give ageyea	and that I last saw her alive on Ap.	ril 28,	19 46	
deceased (mo., d				1, 1921			DURATION	
0	ears	Months	Days	If less than one day	Immediate cause of death	Losis	42 yrs.	
	24	7	17	hrsmla		************************************	** ************************************	
9. Birihplace	На	lifax	N.C.	state)	Due to		* *************************************	
	T	Housewi	fe				** **********************	
10. Usual occupail				***************************************	Due to		••••••••••••	
11. Industry or bus	927	ill Par	kon				• • • • • • • • • • • • • • • • • • • •	
12. Name			**************		Dther conditions	***************************************	•	
≦ 13. Birthplace	Ne			inia	(Include pregnancy within 3 m	nonths of death)		
14. Malden na 15. Birthplace	meVin			•••••	Major findings of operations	••••••		
15. Birthpiace	Ha	alifax,	N. C	arolina				
18. Informant	D	eceased	<u> </u>		Autopsy results			
Address					PHYSICIAN: Please underline the cause to wh		statistically.	
B		. 0		15 3/19	22. YIOLENCE: If death was due to external cause			
(Burial, crema	tion, or	removal. Which?	Date ther	(month) (day) (year)	" Autom, suicide, or homicide			
Cemetery or cres		130011	0	Cump!	Where did injury occur?(City or town)	(Connty)	(State)	
Location	/	2 1/1	//	16.00	Injured at home, farm, Industry, public place (wh	ere?)		
	//	TRA	Mule	1 Musica	Meens of Injury	Injured at work?		
18. Funeral directo		Je Vo	4	1 15111	10. Oh 1	,		
Address	6	0 ~	Jul.	of formal	23. SIDNATURE	for		
19 4/2	В	19. 46	all	woll. Swands		M. D.	1/28/16	
(Date rec'd by	registr	ar) 1	Deputy	LOCAL Registra	Henryton, Md	Date signed	7/20/40	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

03630

CERTIFICAT	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State
3. (a) FULL NAME ROOSEVELT HORSSE	3. (b) Social Security Number
4. Sex male 5. Color or race col. 8.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION April 19, 46, 3:40P.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9, 19, 46 and that I last saw h. im alive on April 19, 19, 46 Immediate cause of death.
8. AGE: Years Months Days If less than one day 10 9hrsmin.	Immediate cause of death Pulmonary Tuberculosis 5 months
9. Birthplace Pocomoke City, Md. 10. Usual occupation Laborer 11. Industry or business 12. Name Bill Horssey 13. Birthplace Unknown 14. Maiden name Mary Hargis 15. Birthplace Pocomoke City, Md. 18. Informant Deceased Address 17. Remark Deceased 18. Informant Deceased Address 17. Remark Deceased 18. Informant Deceased 18. Informant Deceased 19. Cemetery or crematory Balta City Monoth (day) (year) Commetery or crematory Balta City Monoth (day) (year) Location Deceased 18. Funeral director Mas. Samuel J. Henry Ley Address 578 To Balta St., Balta	Due to
19. April 19, 19 46 Jeffeld Coal Registrar	4-19-46

VS A15

MARGIN RESERVED FOR BINDING

APR 22 1946 BUREAU TE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03631

CERTIFICATE OF DEATH

Reg. Dist. No.

	roll			2. USUAL RESIDENCE (HOME) OF Comments of the C	mother)	
Maryland Colored	street address where de	osis enry	Sanatorium	City or town	LOCATION)	earest town)
3. (a) FULL NAME				2.(-) (1.101.01)	3. (b) Social Security	Number
		SAL	MUEL EDWARD HYM	IAN	705-07-79	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	- %
male	col.		narried	2D. DATE OF DEATH. April 24,	19 46	9:45A.
6.(b) Name of husband of husband of husband of deceased (mo., day, you	Grace Septe	6. (6	an :) It alive, give age 32 years 8, 1910	21. I CERTIFY that death occurred on the date about 12, 19	ve stated; that lattended doc 45 April (eased from 24, 19, 46
8. AGE: Years 35	Months 7	Days 16	If less than one day	Immediate cause of death	ılosis	2 yrs.
Birthplace D. Usual occupation Industry or business	Papolet	ounty, and s	tate)	Due to		
12. Name	instonsŞa	lem,		Other conditions		
14. Malden name 15. Birthplace	Rosetta Matthew	**************		Major lindings of operations		
15. Informant	Decease	d		Autopsy results		
17(Burial, cremation, Cemetery or cremator Location	Stinore		(mbnth) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	(State)
Address / 3 o	3. Press	alle	10111	23. SIGNATURE 9.6. dy Address Henryton, Md.	M, D.	4-24-46

APR 27 1946 BUREAU V &

1-

03632

2411 N. Charles St., Baltimore /3-6

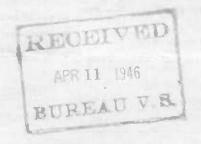
CERTIFICATE OF DEATH

74 Reg. Diat. No ..

1. PLACE OF I	DEATH:	• -			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
					Manuland Prince	Penraes
City or fown	enr	yton		223 A T	State County IIIICS County IIIICS C	COLBOS
()	If outside	e city or town i	months	URAL and give nearest town) 3	City or town Upper Marlboro, (if outside city or town limits, write RURAL and give) R.R. #2	nearest town)
Macaital Institution	or siree	t address where	death occurred:		Street No. R.R. #2	
Maryla	nd_	Tuberc	ulosis	Sanatorium	(If rural, give LOCATION)	
How long in hospital	or instit	ranch,	nenry	Sanatorium ton, Md.	2.(a) If veteran, name war	
3. (a) FULL NA					3. (b) Social Securi	ty Number
				ABRAHAM JONES		
4. Sex	5. 0	Color or race	6.(a)Single	, married, widowed, or divorces	MEDICAL CERTIFICATION	
male		col.		narried	20, DATE OF DEATH April 6, 19 46	9:00A.
6.(b) Name of husba	and or wi	. Ha	zel Jo	nes	21. I CERTIFY that death occurred on the date above atated; that I attended do	eceased from
			6.(c) If alive, give age33year	January 14, 1946 to April and that I leat saw h im alive on April 6,	18 40
7. Birth date of deceased (mo., da			13, 19		and that I last saw h	
	eara	Months	Daya	If less than one day	Pulmonary Tuberculosis	4 month
	33	1	23	hrsmin		
			1	I	***************************************	•••••
9. Birthplace	OPP	(Town,	county, and s	Md.	Pulmonary Hemorrhage	} hour
1B. Usuat occupatio		Farm	Labore	er		•
11. Industry or busi					9ue 10	
	Ran	jamin	Jones		Other conditions	
m 14. name		×		o, Md.		***************************************
€ 13. Birinplace		Mamie	Wright	- Dilus	(Include pregnancy within 3 months of death)	*****
14. Malden na	me		117 7811		Major findings of operations	
N 15. Birthplace	An	ne Aru	ndel (County, Md.		
16. Informant	I.B	. Lyon	, M.D.		. Aotopsy results	
Address	Hen	ryton.	Mary	and	PHYSICIAN: Please underline the cause to which death shoold be charg	ged statistically.
12	All All	108		# 0 46	22. VIOLENCE: If death was due to externat causes, fill in the following:	
(Burial, crema	tion, or r	emovai. Which	Pate there	(popul) (day) (year)	Accident, aulcide, or homicide	
Cemetery or crer		Wal	pers	I fragel	Where did injury occur?	(State)
	0	lasan.	n	2.	Injured at home, farm, Industry, public place (where?)	
Location		1	-	1. L. Vile	Meena of injury injured af work?	
18. Funeral directo	or	. 4	Mai	asy of	0/1	
Address	0	Tales	ville	med!	23. SIGNATURE J- O - dyn	
, April	. 6,	19 46	alky	1 R. Swahle	Henryton Md	D. o s other . 4-6-46
(Date rec'd by	y registr		Deni	ity Local Registra	Address. Date sign	ed ±

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03633

	The state of the s
1. PLACE OF DEATH: County Calycle Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn in the give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County JANUA Co
How long in above place of doath?	City or town
Nospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carl to Kallentonch	o. (o) became becurry number
5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male is grashed.	20. DATE OF DEATH. OVERAL 21 1846, 21 10.60 P.
8.(b) Namo of husband or wife Lederta Kellentack	21. I CERTIFY that death occurron on the date above stated; that I attended deceased from
7. Birth date of grant g	april) 21 45 10 april 18 46
deceased (mo., day, yr.) Dept 25/87/	and that I last law h. Jack collivo on Office 19.46
8. AGE: Years Months Days It less than one day	Immediato canse of death
74 8hrsmln.	augua Petons
8. Birthplace (Town, county, and state)	Due to.
10. Usual occupation testined Baseu	
11. Industry or business Bakel	Due to
12. Name Martish Gallers Hacks	Other conditions Dardiac Paralysis
13. Birthplace Lesuroence	0
14. Maidon name 11. Maidon namh 11. Maidon name 11. Maidon name 11. Maidon name 11. Maidon nam	(Include pregnancy within 3 months of death)
S 15. Birthplace Vermanel	Major findings of operations
16. Interment 110 Care & Kally track	Autonsy results.
Address of esbessible / B. F. L.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
100 11: 0	22. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Location Control Cont	Injured at home, farm, industry, public place (where?)
18. Funeral director and agreement of the state of the st	Means of Injury Injured at work?
Address Catonsville Md	W. Freud Turan Still
10 4/23 10 Xb All Idedick	23. SIGNATURE M. D. or other
(Date rec'd/by registrar) D M Registrar	Address Sylamble Ma - Dato signed 4.22 46

Reg. Dist. No ...

The correct age

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legible important. especially

WRITE

PLEASE.

MARGIN RESERVED FOR BINDING

3. (a) FULL NAME

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (For newborn infants
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr. 4 mo s. 29 days	State Marylar Dity or town Balt (If outside of
Hospital, institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No. 631 N.
Colored Branch, Henryton, Md.	2.(a) tf veteran, name war

ENCE (HOME) OF DECEASED:

altimore

itside city or town limits, write RURAL and give nearest town) N. Paca Street

(If rural, give LOCATION)

MARGARET KRETS									
RIADITADUM VEGULS	Z TOTAL C	T	TOTAL	D	A	DA	rΑ	THE	

3. (b) Social Security Number 219-22-1774 MEDICAL CERTIFICATION

		MARGA	RET	KEELS
4. S	ex	5. Color or race	6.(a)Sin	gle, married, widowed, or divorced
	female	colored		single
		or wife		,(c) If alive, give ageyears
	lirth date of eceased (mo., day,)	June	23,	1923
***	AGE: Years		Days	If less than one day
	22	9	23	
FATHER 11 01	Usual occupation Industry or busines 12. Name	Zeak Ke South (Annie	els aro	rker
	. Informant		1, M	D.
17	111	n, or removal. Which?)		ereo1
		umles	Sens !	Halstead
18	. Funeral director	- // 1/	S. C.	H.VI Mare

MEDICIE CERTIFICATION	
2D. DATE OF DEATH	at 7. 45A
21. I CERTIFY that death occurred on the date above stated: that I attended de November 17, 19 44, to April	16 19 45
and that I last saw h er alive on April 16	1940
Immediate cause of death Pulmonary Tuberculosis	18 mont
Tuberculous Enteritis	4 month
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	****

Autopsy resu	ts										
PHYSICIAN:	Please	underline	the	cause	to	which	death	should	be	charged	statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Where did Injury occur? (City or town)

Injured at home, farm, Industry, public place (where?) ... Injured at work? Meens of Injury

M. D.

23. SIGNATURE

Registrar Address.

Henryton, Md.

.. Date signed.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03635

Reg. Dist. No.

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)		
				State Maryland county Baltimore	City	
(If outside city or town limits, write RURAL and give nearest town)				Paltimona		
How long in above place of death? 7 months, 12 days		12 days	(If outside city or town limits, write RURAL end give ner	rest town)		
Hospital, Institution, or	street address where	leath occurred	1:	Street No. 108 South Durham Street, Balt	imore	
			1	(If rural, give LOCATION)		
How long in hospital or	Institution?7. II	onths,	12 days	2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security	Number	
Tmo	no Vonnada	lank k	(mucha by) k	aniecki 6r) Karriecky None	•	
4. Sex	5. Color or race	1 6.(a) Singl	e. married, widowed or divorced			
T. SCA	S. DOIGH OF THESE	0.(4)011181	of manifest windows, or attoroca	MEDICAL CERTIFICATION		
Female	White		Single	20. DATE OF DEATH. 4/19 19.46	,at 11200pm	
				21. I CERTIFY that death occurred on the date above stated; that I ettended dece		
6.(b) Namo of husband	or wite			49/8 19. 45, to. 4/19		
7. Birth dato ot		6.(c) If alive, give ageyears	and that I just saw h. ex. alive on 4/19		
deceased (mo., day, y	12/12	1/26				
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death		
19	4	8	hrs,mln.	IIISULIU SHOCK	o nours.	
9. Birthplace	Reltimore	Mary]	and	Due to Diabetes Mellitus		
9. Birthplace	(Town,	county, and	state)	Oue to	P	
1D. Usual occupation	None				* **********************	
				Dus to	••••••	
11. Industry or business		dve				
		uy		Dther conditions		
	Poland			Mental deficiency without psychosi (Include pregnancy within 3 months of death)	5,	
14 Malden name	Ella Anto	cieski	A			
14. Malden name 15. Birthplace				Major findings of operations.		
	Poland			Date of op		
16. Intermant Mis	s Alvina K	ennedy	7	Antopsy results.		
Address 108	South Dur	ham St	reet, Balto Md.	PHYSICIAN: Please underline the cause to which death should be charged	statisticany.	
4				22. VIOLENCE: It death was due to external causes, fill in the folicwing;		
17. Out	or removal, Which?)	Date ther	eot(month) (day) (year)	Accident, suicide, or homicide Date of		
Cemetery or cremato	. St. of	ton	slaus fem:	Where did injury occur?	(Stote)	
cemetery or cremato	^	1.16	11-0-			
Location	Jun	04/17	TVC	Injured at home, tarm, industry, public place (where?) Means of injury Injured at work?	•••••	
18. Funeral director	M.W.	- D,	ppel's Joas	niosno us mijuty injected at work?		
Address	Lom ba.	10 +1	Ann Sts.	23. SIGNATURE Carrold H. Eicht, Y.	n.D.	
24/2	2	-/	-01000	/ M. D.	or other	
(Date rec's by re	gistrar)	0	Registrar	Address Sykesville, Maryland Date signed.	4/20/46	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03636

CERTIFICATE OF DEATH

County			mo., 16 days # Hospital	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n State	write RURAL and give nea	rest town)
3. (a) FULL NAM		Lawre	nce Knapp		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white		divorced	2D. DATE DF DEATH April 10		. 5:20a.
7 Bill Jaland		8.(c) If alive, give ageyears	and that I last saw h. im alive on Ap	43, April	10 ₁₈ 46
8. AGE: Years 63	s Months	Days 18	It less than one dayhrsmin.	Immediate cause of death Cerebral hemorrhage	2	8 hrs.
1D. Usual occupation 11. Industry or busines	storeke retail	gro		Due to. Dither conditions Psychosis with		1940
			Germany	l ontoniogolomogic		6 yrs.
15. Birthplace			Germany	(Include pregnancy within 3 mc	***************************************	
	ingfield esville,		Hosp. records	Autopsy results	••••••	***********************
12	or removal. Which?)		(month) (day) (year)	22. VIOLENCE: if death was due to external cause Accident, suicide, or homicide	(Connty) re?) Injured et work? M. D.	(State)

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The Residence of the State of t

BURFAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1266)

03638

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: Carroll 2. 1	USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)
rural near Sykesyilla	. Maryland County Allegany
(if outside city of town limits, write RURAL and give nearest town)	T87 4
Hospital, institution, or street address where death occurred:	or town Westernport (If outside city or town limits, write RURAL and give nearest town)
	et No
la l	r) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Aloysius Lennan	o. (o) becaute remove
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white single	DATE OF DEATH April 9 19 46 4:00a
	LCERTIFY that death occurred on the date above stated; that I affended deceased from
S (a) If alive give and	May 1 19 43 to April 9 19 46
7. Birth date of deceased (mo., day, yr.) June 9, 1886	that I last saw h im allve on April 8 19 46
P ACE. Years Martha Boue Miles the st	ediate cause of death
59 10 00	jured by fall; fracture of 2 mos.
9. Birthplace Westernport, Maryland Oue to (Town, county, and state)	2 11105
(Town, county, and state)	
10. Usual occupation. clerk	0
11. industry or business Pallroad	
12. Name Joseph Lennan Other	conditions Manic-depressive
₹ 13. Birthplace Ireland	psychosis 14 yrs. (Include pregnancy within 3 months of death)
14. Malden name Katherine Gertrude Hanley 15. Birthplace Frankville, Maryland Major	
15. Birthplace Frankville, Maryland	r findings of operations
**** ANDREADED TO STOTA HAS	Dafe of op.
	psy results
Address Syncovitie, wary tailed	VIOLENCE: If death was due to external causes, fill in the following: 2-9-46
[Durial, cremation, or removal, Which?]	ent. Suicine, or nomicine
Gemetery or crematory Where	e did in herry occur? Sykesville, Carroll, Md.
	(City or town) (County) (State) ad af home, farm, industry, public place (where?) Mental hospital
Means	s of Injury fall Injured at work?
Address Mestimost End. Ro	bert Bertrand May, M.D.
	ringfield State Hospital M. D. or other Sylvesyille Mary John
(Pate rec'd by registrar) 19. Cart Helling (Like) Registrar Address	TIMETICIA DICILE DUSTILIZIONO, OLOMOI

HEADTANG STATE OF THE O

APR 11 1946
BUREAU T 2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

CERTIFICATE OF DEATH

03639 Reg. Diat. No.... 74

1. PLACE OF DEA	ATH:		(For newborn infants give residence of n	nother)	
County			State Maryland Coun		
(150	Henryton	mits, write RURAL and give nearest town)	Dowl in		
How long in above place of death? 5 months, 12 days			City or town. Berlin	write RURAL and give nearest town)	
Hospital, institution, or	street address where	death occurred:	Davis Street		
Maruland	Tubaron	logic Sanatonium	Street No. (If rural, give)	LOCATION)	
How long In hospital or	Branch,	Henryton, Maryland	2.(a) If veteran, name war	V	
3. (a) FULL NAME				3. (b) Social Security Number	
		MAE LOUISE LEONA	ARD		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
female	col.	single	20. DATE OF DEATH April 6,	19 46 at 7:30 m	
A (h) Name of husband	an wife		21. 1 CERTIFY that death occurred on the date above	re stated; that I attended deceased from	
			Oct. 24,	45 , April 6, 19 46	
7. Birth date of			and that I last saw h er alive on Apr	il 6, 19 46	
deceased (mo., day,)	n.) May o	, 1923	Immediate cause of death	DURATION	
8. AGE: Years	DN UIL	Days If less than one day	Immediate cause of death	culosis 7 month	
22		Ohrs min.			
9. Birthplace	Berlin, M	id.	Que to		
9. piringiace	(ZOIIII)	Louis, and buse,			
10. Usual occupation	ROOT ON	y Worker	Oue to.		
11. Industry or busines					
12. Name	Tohn Leon	ard	Other conditions		
13. Birthpiace	Berlin,	Md.			
14. Maiden name	Minnie		(Include pregnancy within 3 months of death)		
14. Maiden name	Berlin,	***************************************	Major findings of operations.		
				Date of op	
16. Informant	I.B.	Lyon, M.D.	Autopsy results	ish death should be should statistically	
Address He	enryton,_	Maryland /			
12 Bus	n'e	Rate thorner 4-119-46	22. VIOLENCE: tf death was due to external caus		
(Burial, cremation	o, or removal. Which?	Date thereof		Date of	
Cemetery or cremato	ory St 16	uls	Where did injury occur?(City or town)	(County) (State)	
Location	Berlin	md.	Injured at home, farm, Industry, public place (wh		
	T. W Ru	- 17	Means of Injury	Injured at work?	
18. Funeral director		. //.	9 1		
Address	· Oser	lin, med	23. SIGNATURE	ejal	
, April	6, 19 46	albert & Seventhan		M. D. orother	
(Date rec'd by re	gistrar)	Deputy Local Registrar	Address Hellryton, Md.	Date signed 4-6-46	

RECEIVED

APR 11 1946

BURLAU V B

M. D. oz ather

Date signed 4-14-46

		CERI	IFICAI	E OF DEATH	Reg. Diat. No	
How long in above place Hospital, institution, of Marylar Colored	arroll Henryton outside city or town li ce of death? 11 or street address where dd Tuberc	mita, write RUKAL and give neare nonths, 14 day death occurred:	<u>S</u>	2. USUAL RESIDENCE (HOME) OF (For newborn infanta give residence of no State. Maryland Cour Baltimore City or town. (If outside city or town limits, 1704 Brentwood (If rural, give) 2.(a) If veteran, name war.	write RURAL and give of Avenue	nearest town)
3. (a) FULL NAM	AE.	EMMA LEVY			3. (b) Social Securit	ty Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or di	ivorced	MEDICAL CE	RTIFICATION	
female	col.	widowed		20. DATE OF DEATH April 14,	146	3:55P.M
	, yr.) Dece	mber 2, 1917	years	21. I CERTIFY that death occurred on the date above April 30, 19. and that I last saw h. er alive on Apri Immediate cause of death. Pulmonary Tubercu	45 . April	14, 19 46.
	28 4	12hrs.	min.			
19. Usual occupation 11. Industry or busin	Laund Soshua Ha	r County, Va.		Tuberculous En Oue to Other conditions	teritis	9 months
		ter Co., Va. Smith ter Co., Va.		(Include pregnancy within 3 n	***************************************	
Address I 17	Henryton, In, or removal. Which? Atory. & Comments.	Maryland Date thereof (month) (date the control of	7/46 y) (year)	Antopsy results	ses, fill in the following;	(State)
18. Funeral director.	& aynes	Sander	- 4	meens or tillury)	

19 46 Ulbell Assachus Henryton, Deputy Local Registrar Address Henryton,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

A15

VS

April 14, (Date rec'd by registrar)

APR 20 1945

MARYLAND STATE DEPARTMENT OF HEAL	MARYI	AND	STATE	DEPARTMENT	OF	HEAL?
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2411 N. Charles St., Baltimore 200/

CERTIFICATE OF DEATH

03637 Reg. Dist. No ...

1. PLACE OF DEA		- 3	2. USUAL RESIDENCE (HOME) 0. (For newborn infants give residence of	F DECEASED: mother)
			State MARYLAND Cou	inty CARROLL
		M.E.S.T.M.IN.S.T.E.R. maits, write RURAL and give nearest town)		
		toth and	City or town	s, write RURAL and give nearest town)
Hospital, Institution, or	street address where	neath occurred:	Street No	
			(If rural, give	
How long in hospital or			2.(a) II veteran, name war	
3. (a) FULL NAME				3. (b) Social Security Number
		ARTHUR J. LOCK	ARD	220-03-8786
4. Sex	5. Color or race	6.(a)Slogle, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
MALE	WHITE	MARRIED	20. DATE OF DEATH APPLIA	9 19 Ala , at 7:50 p. m
6.(b) Name of husband	or wife	HE LOCKARR	21. I CERTIFY that death occurred on the date abo	on about that I abbridged decreased from
			195	12-1-0
7. Birth date of		Y 6, 1881	and that I last saw h	19/
deceased (mo., day, years	Months	Days It less than one day	Immediate cause of death	
0. 11011.			· Central M	wontyl 10 day
64	2 //	3min.		
9. Birthpiace	ARROLL (Town,	COUNTY, MARYLAND	Due lo	
10. Usual occupation	FARA	1 E R	_	, , , , , , , , , , , , , , , , , , , ,
11. Industry or business			Due to.	2
ad I		/		
	Y.D.S.H.Y.M.	LOCISARD	Dither conditions	
13. Birthplace	MARY	LAND	(Include pregnancy within 8 n	nonths of death)
H 14. Maiden name	MARY	LAMBERT		and the second
14. Maiden name	Man	YLAND	Major findings of operations	
	7-1-2-17-17			Date of op.
16. Informant	MRS. CHA	RLES TBITTLE be	Antopsy results	
Address	WESTA	IINSTER, MD.		
17 3unia	1-	Date thereol. 4/13/46 (month) (day) (year)	22. VIOLENCE: Il death was due to external cau	
(Burial, cremation,			Accident, suicide, or homicide	
Cemetery or cremator	y DEEL	PARIL CEMETERY	Where did injury occur?(City or town)	(County) (State)
Location	5 MAL	LWOOD, M.D.	Injured at home, farm, lodustry, public place (wi	
16 Funeral director	J. F 12 0	NCIS REESE	Means of injury	Injured at work?
			1 210	Committees.
Address	WES	TMINSTER, MD.	23. MONATURE	XIIIIII III
19. 4///	19 4	of Cum	1 Il which	M. Dor other
(Date ref'd by fee	ristrar)	Registrar	Address	Rate claned

TERRITIES OF THE THE

RECENTED 1946

CERTIFICATE OF DEATH

CERTIFICAT	TE OF DEATH Reg. Dist. No. 74
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town. Turners Station (If outside city or town limits, write RURAL and give nearest town) Street Mo. 100 Sollars Point Road (If rural, give LOCATION) 2.(a) If veteran, name war. 3.(b) Social Security Number
LUCRETTA MACKLIN 4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
female col. married	2D. DATE OF OEATH April 10, 19 46 1:15E
8.(6) Name of husband or wife Frederick Macklin 8.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) May 15, 1918 8. AGE: Years Months Days If less than one day 27 10 25 hrs. min. 9. Birthplace Mackinburg, Va. (Town, county, and state) Housewife 10. Usual occupation. Housewife 11. Industry or business 12. Name Llewelyn Wynn 13. Birthplace Virginia	February 21, 1946 to April 10, 1946 and that I last saw her alive on April 10, 1944 Immediate cause of death Tuberculous Peritonitis 4 mont Due 10. Cther conditions.
E 13. Birthplace Virginia	(Include pregnancy within 3 months of death)
14. Malden name. Carrie Macklin 15. Birthplace Virginia 16. B. Lyon. M.D.	Major findings of operations.
16. Informani I. B. Lyon, M.D. Address Henryton, Maryland 18. Example Date thereof (month) (day) (year) Cemetery or crematory (continuous de s. Va. 18. Funeral director (Continuous de s. Va. Address 9/16 (Jennes), Continuous de s. Va. April 10, 46 ogg. 18 formation	Autopsy results. PHYSICIAN: Please coderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE. M. D. seether

HARGIN RESERVED FOR BINDING

VS A15

APR 13 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary and County arrall
City or town	(If outside city or town limits, write BirgaL and gry nearest town)
Hospital, Institution, destreet address where death occurred:	Street No. Chronisure Load
16 Juliu Ar.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Grank David McKinn	3. (b) Social Security Number 219-14-8028
4. Sex 5. Color or race 6.(a) Single, married, widowed, or dispresed	MEDICAL CERTIFICATION
male while married	20. DATE DE DEATH. april 19. 46 21 8:45 A M
6.(6) Name of husband or wife Ataleur J. M.C. Burney.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	19, to
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Dufforation.
22 1, 2nrsmln.	
9. 8irthpiace	Due to
10. Usual occupation. Willen	Due to
11. Industry or business Heed well.	
12. Name Grank hel. Me Hunney St.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name faultie Stowers 15. Birthplace regularl	Major findings of operations.
X 15. 8 rthplace Many Can	Date of op.
16. Informant Mus. Helin Mc Survey	Actopsy results
Address Westpurustel my. R. W.	22. VIOLENCE: 11 death was due to external causes, 1111 in the 10110wing;
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (rear)	Accident, suicide, or homicide accident pate of apr 1.1946
Cemetery or cremajory Meadour Beauch Chan	Where did injury occur? Wellensetes Carrall Mist. (City or town) (County) (State)
Location Westmuster P. U. m.S.	Injured at home, farm, industry, public place (where the main tellings and feed les
18. Funeral director R. De Harther J. Sous	Means of injury Laught in elevator injured at work? "yes.
Colocion Brilge Mew Gudson Jul	23. SIGNATURE James T March Deput, Rudies Examina
19 Ope 2 1946 Of any Fogle (Bate rec'd by registrar) Ope 4 To a Registrar	M. D. or other
(Nate rec'd by registrar) Dep Lee Registrar	Address Date signed Date signed



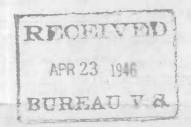
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1312)

CERTIFICATE OF DEATH

1113	61	2	
Reg	. Dis	t. No	70

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
			URAL and give nearest town)	State Maryland county Carroll			
How long in above place of death?			***************************************	City or town			
				(If rural, give LOCATION)			
How long in hospital or institution?				2.(a) If veteran, name war			
3. (a) FULL NA			n McKinney		3. (b) Social Security None	Number	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
Male	Whit	e Wi	dowed	20. DATE DF DEATH April 18	19 46	4:02p	
6.(b) Name of husband or wife Maggie Belle Galt				21. I CERTIFY that death occurred on the date abov	41 April 18	8 19.46	
7. Birth date of deceased (mo., da	y, yr.) Nov	ember 27.	1860	and that I last saw h i.m alive on Apr.			
	ears Months	Days	If less than one day	Chronic myocardit	is and	DURATION	
8	5 4	22	hrsmin.	myocardial degen	eration	10 yrs.	
10. Usual occupation	n Pharma		ounty, Maryland	Due to		•••••••	
11. Industry or busi		7 £		Chronia nonh	m1+1 a	••••••	
E	Maryl:	•		Diher conditions Chronic nephritis, Generalized arteriosclerosis.			
1		nn Cather	ine Sentman	Benign (spreasons tie in impression) ophy. Major findings of operations.			
				Date of op.			
			ar	Antopsy results			
17. Buria	aneytown, L	Date there	of April 21,1946				
Cemetery or cren	atoryEver	green Cen	etery	Where did injury occur?(City or town)			
Location	Gettysbur,	, Pa.		Injured at home, farm, Industry, public place (wh		••••••	
18. Funeral directo	C.O.Fu	ss & Son	•••••	Means of Injury	Injured at work?		
Address	Taney	town, Md.		12 Amo	Daugh K	L D	
19. (Date rec'd by	QA 19	16 80	tel M Mehry	23. SIGNATURE R. S. M. Wough Mr. D. D. Or other Address Taneytown, Md. Date signed 18.46			



1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

I A HOUSE DECIDENCE (LEONATE) OF DECESCED.

CERTIFICATE OF

County Garroll			(For newborn infants give residence of mother)		
COURTY		nits, write RURAL and give nearest town)	State Maryland County		
How long in above place Hospital, Institution, o	e of death?	9 mo 25 da	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 301 Whitridge Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.		
How long In hospital	or Institution?9	yrs. 9 mo. 25 da.			
3. (a) FULL NAM	IE	AGNES MC WHIRTER	3. (b) Social Security N	Number	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white	single	29. DATE OF DEATH April 20, 1946	at 3.45. A. M	
7. Sirth date of deceased (mo., day,	yr.) May 1	8.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended decear Feb. 17 16937, to Apr. 20 and that I last saw h. er alive on Apr. 20 Immediate cause of death.	1946	
8. AGE: Year	Months 11	Days If less than one day	Consideration of the state of		
	Baltimore (Town,	Maryland.	Carcinoma of the stomach Due to	***************************************	
11. Industry or busine			Due to		
	Villiam M Baltimore,	eWhirter Maryland unknown) Counou	Other conditions Schizophreniaparanoid type 29 yrs. (Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
		rde	Autopsy results		
Address Sykosville, Maryland 17. Bate thereof. (month) (day) (year) Cemetery or crematory. (month) (day) (year) Location. (month) (day) (year)			22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Address O	20. 19 H 6	C. Hary Elec	23. SIGNATURE MAL Date signed MAL Date signed.		



and blanches at the same of the

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9220

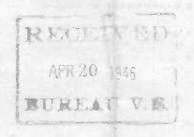
CERTIFICATE OF DEATH

			11/
Reg.	Dist.	No.	24

1. PLACE OF DE	eath: Carr	0]]		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County		***************************************		State County County		
City or town	OOCDIN	mits write R	URAL and give nearest town)			
How long in chose pize	o of death?	2 • Le	215	City or town		
Hospital, Institution, o	or street address where	death occurred	•			
		***************************************	***************************************	Street No		
New long in hospital of	or institution?					
How long in hospital or institution?						
3. (a) FULL NAM				3. (b) Social Security Number		
	Maltil	da Ho	les	lone		
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	hite	V	Vidowed	20. DATE OF DEATH ADRIL IS 19 19 21 21		
	Jar	MAS	Toles			
6.(b) Name of husbane	d or wife					
	***********************	6.(0) If alive, give age	ears and that I last saw As alive on Afric 15 19.4		
7. Birth date of deceased (mo., day,	yo June	. 12.	1869			
8. AGE: Year		Days	If less than one day	Interest Case of State		
76	1.70	4	hrs.			
10						
9. Birthplace	S. eeds	ville	Tenn	Duglatina Man partie		
				artin selmon		
10. Usual occupation.	llone	••••••		Due to		
1t. Industry or busine	ess Hone					
		linne'	rson	Other conditions		
			N. dev - 25 (- 19 e)	Uner conditions		
	l'enn	200		(Include pregnancy within 3 months of death)		
14. Malden name	Gabe:	Ottorie:	rson	Major findings of operations		
O S Bielbulese	and a	enn -				
and 15. Butterplace				Date of op.		
16. Informant	George V		70.in	Antopay results		
Address	Woodbin	e Im				
ب مد له اور	101		· Amail 70]	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burlal, crematic	on, or removal. Which?	Date ther	(month) (day) (year)	Accident, suicide, or homicide		
	atory			Where did injury occur?		
Location	LICHL	son	77)	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	Roy	W. Ba:	rber	Means of Injury Injured at work?		
18. Funeral director.		7 -		ITAL 2		
Address	Laytonsv			23. SIGNATURE JULIE JULI		
Cha	17 41	1	Harry Ziker	M. D. or other		
19. 1190 s	/ 7 19 H G	CA.R.	Regis	trar Address & Branch & Poste signed / 7		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS/A15,



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

CERTIFICATE OF DEATH

03646

Reg. Dist. No. 74

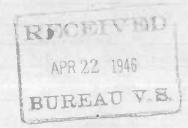
1. PLACE OF DEATH: County. Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County
City or town	City or town. Beltimore BURAL and give nearest town
How long in above place of death?	(If outside city or town limits, write totall and give hearest town)
Hornial Lighting of the distriction of the street of the s	Street No. 1307 E. Monument Street
Colored Branch, Henryton, Md.	
3. (a) FULL NAME	2.(a) If veteran, name war.
	3. (b) Social Security Number
DOROTHY JONES MONDOWNEY	213-18-1965
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored Divorced	20. DATE DF DEATH April 27, 19 46 at 10.55
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I oftended deceased from June 4, 19 45, to April 27, 18 46
	and thal I last saw her alive on April 27, 19 46
7. Birth date of deceased (mo., day, yr.) June 23, 1921	The state of the s
8. AGE: Years Months Days It less than one day	Immediate cause of death Pulmonary Tuberculosis 14 months
24 10 4hrsmin.	
9. Birthplace Eastville, Va.	Due to
(Town, county, and state)	340 1.
10. Usual occupation Defense Worker	Due Io
11. Industry or business	
E 12. Name Grnets Booth 13. Birthplace Hampton Virginia	Other conditions
13. Birtholace Hampton Virginia	
質 14. Maiden name Alberta Jones	(Include pregnancy within 3 months of death)
14. Malden name Alberta Jones 15. Birthplace Morehead City, N. C.	Major findings of operations.
	Date of op.
16. Informant Deceased	Antopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buccas Date thereof Kany 1, 1246 (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory // Cultury Cert	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
6 Com 1 ulilar	Meens of Injury Injured at work?
18. Funeral director	
Address / Do saanceg ac	23. SIGNATURE M. D. or other
19. 2/27 19.46 albas R. Swanthas	M. D. or other
(Date rec'd by registrar) Deputy Local Registrar	Address Henryton, Md. Date signed 4/27/46

APR 30 1946

MARYLAND STATE DEPARTMENT OF HEALTH

		TE OF DEATH	Reg. Dist, No
City or town	nite, write RURAL and give nearest town) Onth, 6 days eath occurred: Losis Sanatorium Tenryton, Maryland	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of State Maryland Clify or town Stockton (If outside city or town lime Street No	ounty Worcester its, write RURAL and give nearest fown)
3. (a) FULL NAME	SEWELL STEWART MU	TRRAY	3. (b) Social Security Number
4. Sex 5. Color or race col.	6.(a)Single, married, widowed, or divorced single		CERTIFICATION 19.46 atll:55Am
9 Pr 14 A L L . 2		21. I CERTIFY that death occurred on the date a March 13.	bore stated; that lattended deceased from \$46 to April 19, 19, 46 oril 19, 19, 46
8. AGE: Years Months 21 2	Days If less than one day 24mlrsmlr	Immediate cause of death	culosis 5 months
9. Birthplace New Church (Town, c) 10. Usual occupation Labore 1	ounty, and state)	Due to	
11. Industry or business 12. Name William Mu 13. Birthplace Washingtor	lrray	Due fo	
14. Maiden name	Custis		8 months of death) Date of op.
	M.D. Maryland		
17 Rural (Burial, cremation, or removal, Which?) Cemetery or crematory Word	Date thereof f. 21-46 (month) (day) (year)	22. VIOLENCE: If death was due to external c Accident, suicide, or homicide	Date of
18. Funeral director. Neumann Address Poromothe	s Juneal Hon - City med	Injured af home, farm, industry, public place of Meens of injury	(where?)
April 19, 19 46	Shelf Local Registre	23. SIGNATURE Henryton, Mc	M. D. or other Date signed 4-19-46

MARGIN RESERVED FOR BINDING



9.45.15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore By

CERTIFICATE OF DEATH

1. PLACE OF D	rroll			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town		State Maryland County ——— City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1320 Greenmount Aye.		earest town)		
Spring How long In hospital	or Institution? 26	e Ho spi i days	tal.	(If rural, give	LOCATION)	
3. (a) FULL NAI	ME	MARIE N			3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Female	White	wic	low	20. DATE OF DEATH April 27	1946	.10:15P. N
				21. I CERTIFY that death occurred on the date about 4-2-46	ove slated; that I attended dec	eased from
7. Birth date of			If alive, give ageyears	and that I last saw heralive on4-2'	7 -3 6	19
deceased (mo., day	y. yr.) August	10, 19	If less than one day	Immediate cause of death		
8. AGE: Yes	8		hrsmin.	Pulmonary Tuberculosi:	<u>s</u>	l½ yrs.
			ate)	Due to		
the same of the sa	ess own h					
	_		t	Other conditions 1414/1/1/1/1/		
13. Birthplace	Baltimore	, Md.		Chronic Alcoholism (Include pregnancy within 8 r	months of death)	unknown
E 14. Maiden nam	Mary Kel Baltimore,	ly		Major findings of operations		
≥ 15. Birthplace	Baltimore,	Md.	7		Date of op	00:::::::::::::::::::::::::::::::::::::
10. 11101111111111111111111111111111111	Hoofital	1 .	ords and	Autopsy results		
17. Burial, crematic	on, or removal. Which?	Dale thereo	m 1 1941.	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of	
Cemetery or crem:	atory Hew	Valhe	drals less.	Where did injury occur?(City or town)		
Location	sallo.	ng.	-l L-	Injured at home, farm, industry, public place (w Means of Injury	here?)	
18. Funeral director	willian	w (co	W. oue.		10:00	
Address 12	200 11	auls -	Harry Eleev	23. SIGNATURE CM &	t-Eichet M. P.	M-D.
19. (Date rec'd by	registrar)	(Registrar	Address Sykesville, Md.	Date signed	4-28-46



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /S-

1)	9	C	A	(1
0	0	U	4	1

CERTIFICATE OF DEATH

74

			CERTIFIC	CAII	E OF DEATH Reg. Dist. No	/±
Received Institution or	Henryton utside city or town lim of death? 9 m street address where de Tubercul Branch, fi institution?	eath negurrad.	JRAL and give nearest town, 17 days Sanatorium		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore (If outside city or town limits, write RURAL and givan 503 N. Stricker Street (If rural, give LOCATION) 2.(a) If veteran, name war.	earest town)
J. (u) I OLL NAME			JAMES OSCAR	NOR	RRIS 3. (b) Social Security	Number
4.Sex male	5. Color or race		married, widowed, or divorced		MEDICAL CERTIFICATION 2D. DATE OF DEATH April 26, 1846	7:30P
6.(b) Name of husband of the state of deceased (mo., day, ye	Octobe	B.(c)	tf alive, give age	years	21.I CERTIFY that death occurred on the date above stated; that I attended dec July 9, 18.45 to April and that I last saw h. im. alive on April 26,	26, 19 46
8. AGE: Years	Months	Days 1	If less than one day	min.	Immediate caose of death Pulmonary Tuberculosis	
1D. Usual occupation 11. Industry or business		reman	ate)		Due to	
15. Birthplace	Emma Wa Virgini cceased	shing a	ton		(Include pregnancy within 3 months of death) Major findings of operations	
Cemetery or cremator Location	Elioy C 26, 19 46	, w	apul 29, 4 (month) (day) (yea Lesoura Lesoura	r) gistrar	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)



The correct age

MARGIN RESERVED FOR BINDING

A15 NS

CERTIFICATE OF DEATH

Reg. Dist. No...

1. PLACE OF DEATH: Carroll		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Henryton		State Maryland County Montgomery		
City or town(If outside city or town i	imits, write RURAL and give nearest town)	HO OKIVI I D		
How long in above place of death?	imits, write RURAL and give nearest town) 3 months, 11 days	City or town		
Hospital, Institution, or street address where.	death occurred: Sanatorium	Street No. (Glenmont)		
Golored Branch	fesh of urred: Sanatorium Tenryton, Maryland	(If rural, give LOCATION)		
How long in hospital or institution?		2.(a) If veleran, name war		
3. (a) FULL NAME	EUNICE DAVIS OFFE	3. (b) Social Security Number		
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
1111				
female col.	married	20. DATE OF DEATH. April 19, 1946 at 3:55A		
P (b) Name at husband or wife		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
5.(U) Name of Respand of Wite	- /	January 8, 19 46 to April 19, 19 46 and that I last saw h er alive on April 19, 19 46		
7. Birth date of Tanin		and that I last saw h er alive on April 19, 19 46		
deceased (mo., day, yr.)				
8. AGE: Years Months	Days It less than one day	Immediate cause of death Duration Pulmonary Tuberculosis 5½ yrs.		
27 3	11hrs.	in.		
Rockville	. Md.	B. I.		
9. Birthplace (Town,	, Mid. county, and state) Wife	Jue 10		
10. Usual occupationHouses	wife			
ID, DOUG! COORPELICATION		Due to		
11. Industry or business El Carroll Ma	atthews			
		Other conditions		
13. Birthplace Montgome:	ry councy, Md.	(Include pregnancy within 3 months of death)		
E 14. Maiden name Lavinia	Davis			
14. Maiden name Lavinia Rockvil	le. Md.	Major findings of operations.		
I.B. Lyon		Date of op.		
Ib. Intermant	A	Autopsy results		
Address Henryton,	Maryland			
17 Bureal	Date thereof april 23 14	22. VIOLENCE: If dealh was due to external causes, till in the following;		
(Burial, eremation, or removal, Which)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory North	ech THG	Where did injury occur?		
1	2 2	Injured at home, farm, industry, public place (where?)		
Location				
18. Funeral director Lobert	T Sugarel	e Means of Injury Injured at work?		
Address Rockil	le mon cl	1 Com		
	and II	23. SIGNATURE. J. W. D. M. D. M. D.		
4-19 46	albert B. Serankla	Henryton, Md. Bate signed 4-19-46		



MARYLAND STATE DEPARTMENT OF HEALTH

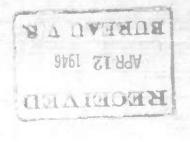
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

SANT		41
	Reg. Dist.	No. / 6

1. PLACE OF DEATH: Ceunty Carroll City or town Tural Westminster (If outside city or town limits, write RURAL and give nearest town) How long in abeve place of death? Life Hespital, inslitution, or street address where death occurred: How long in hespital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) State Maryland County Carroll City or town Fural Westminster (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war		
3.(a) FULL NAME Solenia Ogg	3. (b) Social Security Number		
4. Sex 5. Coler or race 6.(a) Single, married, widowed, er diverced	MEDICAL CERTIFICATION		
female white widowed	20. DATE DF DEATH April 6 19 46 at 73 D. N		
6.(b) Name of husband er wife John L. Ogg 6.(c) If elive, give age year 7. Birth date of deceased (mo., day, yr.) May 30, 1861	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
8. AGE: Years Mooths Days If less than one day	Tables 4da.		
9. Birthplace. Carroll County, Maryland (Town, county, and state) 1D. Usuat eccupation. 11. Industry or business 12. Name. Isaac Green. 13. Birthplace Maryland	Bue to Superior Super		
14. Maiden name Nancy Leppo 15. Birthpiace Maryland	Major findings of operations.		
16. Informant Harry W. Ogg Address Westminster, Md.	Antopay results		
17 burial Date thereof 4/9/46 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due te external causes, fill in the fellewing; Accident, suicide, or homicide		
Cemetery er crematery Deer Park Cemetery	Where did lajury eccur?		
Location Smallwood, Md.	Injured at heme, farm, industry, public place (where?)		
16. Funeral director J. Francis Reese	Means of injury Injured at work?		
Address Westminster, Md. 19. (Date red a b registrar) 19. (Date red a b registrar)	23. SIGNATURE Willem Deecher M. D. or other Address Bletminster Me Date signed 4/7/46		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-

03652

CERTIFICATE OF DEATH

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1			
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Reg. Diat. No...

County Co	Cliy or town Caracter (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME James Colbert Gwings	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 2B. DATE OF DEATH April 5 19.46 at 4:00 P M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day	Immediate cause of death. Frature delocation lerviced Verlebro
9. Birthplace Causall Co. M. d. (Town, county, and state)	Que to
10. Usual occupation	Due fo
12. Name James Orthur Ourings 13. Birthplace Carroll Co. md.	Other conditions
14. Maiden name Mary Elizabeth Propherst 15. Birthplace Carroll 60. md. 16. Intermant James a Carringa	Major findings of operations. Note:
16. Informant. James a. Carinaga. Address Wishminster Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Surial (Burial, cremation, or removal. Which?) Cemetery or crematory. Wellmanster Committee	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide. Accident Where did injury occur? M. Washington County) (State)
18. Funeral director HBank and Isan	Means of Injury Struck by Cruck injured at work?
19. 4 6 19 46 Allewander	23. SIGNATHREALURS Thorak Defaty Nucleical Cexamina M. D. or other M. D. or other 7/46



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

PLACE OF PEARING OUT OF THE PROPERTY OF THE PR	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
It or town. (If outside city or town limits, write RURAL and give near town long in above place of death? 4 Months, 20 day ospital, institution, or street address where death occurred: Maryland Tuberculosis Sanator Colored Branch, Henryton, Mar	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Sireet No. 1111 W. Saratoga Street
.(a) FULL NAME FRANK HORACE PARKEF	3. (b) Social Security Number 218-05-5244
Sex 5. Color or race 6.(a)Single, married, widowed, or or male colored married	MEDICAL CERTIFICATION 2D. DATE OF DEATH APRIL 30, 19 46, at 6,35P
(b) Name of husband or wife Lottie Parker	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 10, 19, 46 April 30, 19, 46
Birth dale of deceased (mo., day, yr.) July 22, 1906	and that I last saw h
AGE: Years Months Days If less than one days 39 8 hrs.	Pulmonary Tuberculosis 7 month
Birthplace (Town, connty, and state) D. Usual occupation.	Due to.
1. Industry or business 1. Name Frank Parker	
13. Birthplace Whaleyville, Va. Rosa Hunter	(Include pregnancy within 8 months of death)
Rosa Hunter 14. Malden name Whaleyville, Va. Deceased	Major findings of operations. Date of op.
Address American	Autopsy results
(Burial, cremation, or removal. Which?) Cemetery or crematory	
Location	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 273

CERTIFICATE OF DEATH

03654

County	Carr	"W" with teles		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town rural near Sykesville (If onteide city or town limits, write RURAL and give nearest town)		State Vagrant County		**********************		
How long in above place of death? 1 Vr. 11 mo., 11 days Hospital, institution, or street eddress where death occurred: Springfield State Hospital		City or town(If outside city or town limits.				
			l mo., ll days	(If rural, give)		
3. (a) FULL NAMI				11	3. (b) Social Security N	
	Sin	mon P	earl		5. (b) bocial becamy I	(dimper
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white		idowed	20. DATE OF DEATH April 7		49:00p
6.(b) Name of husband	or wife		1 (2)	21. I CERTIFY that death occurred on the date above	e stated: that I atlended deceas	sed from
7. Birth date of deceased (mo., day, y	Λ		e) If alive, give ageyears	June 2 19.2 and that I last saw h imalive on Apr	711 7	19.46 19.46
8. AGE: Years 57	Months	Days 6	If less than one dayhrs. min.	Immediate cause of death Parkinson's syndron	e, prior to	DURATION 1926
9. BirthplaceRus	(Town, ed	ounty, and s ler (Due to.		
11. Industry or business				Due to	***************************************	***************************************
13. 8irthplace Ru		******************		Other conditions		***************************************
14. Malden name 15. Birthplace R	Freda Fir ussia	rst (?)	(Include pregnancy within 3 mc		
16. Informant Spri	ngfield S sville, M		Hosp. records	Antopsy results	***************************************	
17. Blued (Burial, cremation)	Cha L	Date there	4-9-46 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of	
Cemetery or crematory	man Ih	Where did Injury occur? (City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?)				
18. Funeral director all Leys Ne. Address (4398 / Selfs).			elto J.	Robert Bertrand May, M.D.		
19. afrila 8 19. H. G. Alarry Wheel			Xary West	23. SIGNATURE Total Berliand May, M.D. Springfield State Hospital B.D. or other Address Sykes wille Maryland Bay along 4-7-46		

THE ARE TO THE PROPERTY STATE OF TENANT

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APR II 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.T.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Maryland cou	nty Montgome	ry
City or town		City or town Barnesville (If outside city or town limits Street No (If rural, give	s, write RURAL and give neare	est town)		
	TITUIION?	ZIII. X.L.L. XI.L.		2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Security N	umber
Ella M	Poole Color or race	S (a) Single	, married, widowed, or divorced		TO THE STATE OF TH	
			CONTRACTOR OF THE PARTY OF THE		ERTIFICATION	
Female	White	Wid	owed	2D. DATE OF DEATH April 2,	19. 46.,	12:45 p.m
6.(6) Name of husband or w	(50		een Poole	21. I CERTIFY that death occurred on the date abo		
7. Birth date of) If alive, give ageyears	and that I last saw h CT alive on	2/	1946
deceased (mo., day, yr.)	11/9/1			Immediate cause of death		DURATION
8. AGE: Years	Months	Days	It less than one day	Pulmonary tuberculo	osis	3 years
68	4	23	hrsmin.			***************************************
9. BirthplaceMa	ryland (Town,	county, and a	tste)	Due to		***************************************
1D. Usual occupation	House	vile		Due to		***************************************
11. Industry or business						***************************************
質 12. NameLem	ael Miles	3		Dther conditions		
12. NameLemi	ryland			Involutional Melancholi (Include pregnancy within 8 m	la.	
		ne Mil	es			
		tobel Jul 49 bedinale	A	Major findings of operations		
	Maryland				Date of op	
18. Intermant Recor	cds of Sp	ringfi	eld State Hosp.	Antopsy results	P. J. B. A. W. L. showed at	- station No
Address Syke:	sville, N	Marylan	d			attaticany.
" Busis	0	Data thoro	ot <u>H-H-46</u> (month) (day) (year)	22. VfOLENCE: If death was due to external cau		
(Burial, cremation, or	removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Milandia			7-	Where did injury occur?(City or town)	(County)	(State)
Location Funders med			ud.	Injured at home, farm, industry, public place (wh	here?)	
18. Funeral director William B. Stillow			Wilton)	Means of Injury	Injured at work?	
	~	60	Gas			
Address	Garnes	welle.		23. SIGNATURE Helmut	Traces M. D. or	17.1)
19 (Date rec'd by regist	19 H G	Cast	Huy Weer Registrar	Address Sykesville, Mary	V M. D. or	



2411 N. Charles St., Baltimore B.

03656

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
				State Maryland County City	
City or town			days 1	City or town. Baltimore (If outside city or town limits, write RURAL and give near 1803 Bank St. (If rural, give LOCATION)	rest town)
How long in hospital	or Institution?4	yrs. 1	8 days	2.(a) If veteran, name war.	
3. (a) FULL NA				3. (b) Social Security 1	lumber
Eugen	e A. Pychne	r			
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	White		Single	2D. DATE DF DEATH 4/2 19 46	11:25 a M
				21. I CERTIFY that death occurred on the date above stated; that I attended decea 3/5	
7. Birth date of) If allve, give ageyears	and that I last saw h	
deceased (mo., da		/24	It less than one day	Immediate cause of death	DURATION
8. AGE: Ye 21	ars Months	Days 10	it less than one day	_Pulmonary_tuberculosis	3 mos.
9. Birthplaca	Pennsylva (Town,	nia county, and s	tate)	Due to	***************************************
10. Usuai occupatio	Helps in t	ailor	shop	Due to	***************************************
		er			010000000000000000000000000000000000000
12. Name		<u> </u>		Schizophrenia, catatonic type (Include pregnancy within 3 months of death)	5 yrs.
14. Maiden nam	Pennsylv		ska	Major fiudiugs of uperations	
≥ 15. Birthplace	- conde of S		ield State Hospit	Date of op	
16. Informant	ecords of ~	br mgr.	Teta Doade Hospia	Autopsy results	statistically.
Address	Sykesville	, Mary	land		
17 Breeze	ion, or removal. Which?	Date there	of	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide	
	1.0		(month) (day) (year)		
Cemetery or cromatory of aly Rasary				Where did injury occur? (City or town) (County)	(State)
Location	Paltagner	e.	Camily	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	John	m.	Weber	Means of Injury Injured at work?	
Address Li	01 0-1	her	Tex street	23. SIGNATURE Helmut Rager	14.1)
194	y 19.46	α	eretedent Registrar	M, D. o	4/2/46

PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

A.			716
1	Reg.	Diat.	No. 74

	Reg. Diat. No	
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Sykesville (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? Lyra L mo. 2 da.	State Maryland County Montgomery City or town Deerwood (If ontside city or town limits, write RURAL and give neare Street No. (If rnral, give LOCATION) 2.(a) If veteran, name war.	et town)
3. (a) FULL NAME ALMA LUCILLE REED	3. (b) Social Security No	ımber
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced female white separated	MEDICAL CERTIFICATION 20. DATE OF DEATH	12PN
B.(c) Name of husband or wife. Earl Reed unknown B.(c) If allive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 36 1 9 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended decease July 1, 1045, to April and that I last saw h. 92 alive on April 2, Immediate cause of death	d from 2 1946
9. Birthplace Deerwood Maryland (Town, county, and etate) 10. Usual occupation housework 11. Industry or business home	Due to	
12. Name. Thomas T. Mullican 13. Birthplace Maryland 14. Malden name. Gertrude Butt 15. Birthplace Maryland	Deficiency (Include pregnancy within 3 months of death) Major findings of operations.	
18. Informant Hospital Records Address Sykesville, Maryland	Antopsy results	
17. (Burial, cremation, or removal. Which?) Cemetery or crematory. (Burial, crematory. (Compared to the Compared to the Compa	Accident, suicide, or homicide	State)
18. Funeral director Address Factleursburg Med 19. Address Factleursburg Med 19. Address Factleursburg Med 19. Address Factleursburg Medical Registrar	23. SIGNATURE 777 ALL TO REAS TO SE Address Sylpassical La Mall Date signed L	.7) . 1-2-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The borrect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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outside city or town limits, write RURAL and give nearest town)

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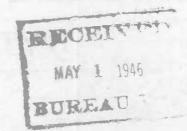
2f. J.CERTIFY that death occurred on the date above stated; that hattended deceased from

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

(County) (State)

M. D.



age III	7 - 10/6	PARTMENT OF HEALTH 13659 E OF DEATH Reg. Dist. No. 214
information carefully. The correct of death clearly and legibly.	1. PLACE OF BEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) State
format	3. (a) FULL NAME a. Louise Rolos	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH.
BIN ery in the	6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
F wr	7. 6 Irth date of deceased (mo., day, yr.) Chill 2, 78 5 2 1887 8. AGE: Years months Days If less than one day	and that I last saw h
RESER G INK.	9. Birthplace (Town, county, and state) 1D. Usual occupation	Due to
	11. Industry or business 12. Name	Dther conditions
WITH	14. Malden name Allana The Calling 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
PLAINLY, is especially	Address Ballo. 2014.	Autopsy results
9.45-15MWRITE PLA	(Burisl, cremation, or remove Which?) Cemetery or crematory Localion Dale thereof (Month) (day) (year)	Accident, suicide, cr homicide
AIB 9.	18. Funeral director William Cook, June. Address 1217 St. Paul St.	Means of Injury Injured at work? 23. SIGNATURE.
VS	19 Mile Ed 19 H 6 C. Harry William Registrar	Address Sy farmells M. D. or other Address. Sy farmells Mate signed 1/3.



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEAT Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The (For newborn infants give residence of mother) County. outside city or town limits, How long in above place of death?.. Hospital, Institution, or street address where death (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING every it 6.(b) Name of husband or wife. write 7. Birth date of deceased (mo., day, yr.) Supply DURATION 8. AGE: Years Days If less than one day ease pl Physicians: 1 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business important. 13. Birthplate (Include pregnancy within 3 months of death) 14. Maiden name. Major findings of operations. 15. Birthplace PLAINLY, vis especially PHYSICIAN: Flease underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill lathe following: nonth) (day) Accident, suicide, or homicide...... (Burial, cremation, or removal Where did injury occur?(City or town) WRITE Cemetery or crematory (County) (State) injured at home, farm, industry, public place (where?) Injured at work? Mesns of Injury Address 23. SIGNATURE M. D. or other



2411 N. Charles St., Baltimore

03661

FRTI	FICAT	F OF	DEA	TH

CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County. City or town. Baltimore City (If outside city or town limits, write RURAL and give nearest town) Street No (If rural, give LOCATION)
How long In hospital or Institution? 16 yr. 3 mo. 22 da.	2.(a) If veteran, name war
3.(a) FULL NAME Harry W. Rudolph.	3. (b) Social Security Number
4. Sex Male Sex	MEDICAL CERTIFICATION 20. DATE DF DEATH APril 22 19.46 2:30 a. N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19.43 to April 22 19.46 and that I last saw him alive on April 21 19.46
8. AGE: Years Months Days If less than one day 15min.	Chronic myocarditis and myo- cardial degeneration 6 mo.
9. Birthplace Baltimore City (Town, county, and state) 10. Usual occupation. Worked in pill dept. 11. Industry or business Drug factory-Sharpe & Dohm	Due to
12. Name Charles J. Rudolph 13. Birthplace Maryland 14. Malden name Annie M. Carr 15. Birthplace Maryland	Other conditions Manic-depressive psychosis, manic type (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Springfield State Hosp, records Address Sykesville, Maryland 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory (Control of the control of the contr	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory Connaine and Contained Register 18. Funeral director College Contained Register 19. Contained Register Register Register	Where did injury occur?

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE

MARGIN RESERVED FOR BINDING

PLEASE

(Date rec'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

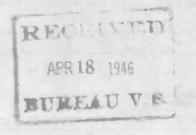
2411 N. Charles St., Baltimore 83-04

CERTIFICATE OF DEATH

0366276

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County Death Clif outside city or town limits, write RURAL and give nearest town) How long in above place of death? A.Z. Hospital, institution, or street address where death occurred: Common for the county of the coun	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State M
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W Widow	20. DATE OF DEATH April 15 1946 at 7.3 to 14
6.(b) Name of husband or wife. Isaach & Shrusse 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that J attended deceased from 19.46 to April 67. 19.46 and that I last saw here alive on April 68. 1976
deceased (mo., day, yr.) 2	Immediate cause of death Jacks Toolwortages DURATION
8. AGE: Years Months Days If less than one day	
9. Birthplace Convolt Go Ossal (Town, county, and state)	Due to
10. Usual occupation	Due to
12. Name Lamel Bundle 13. Birthpiace Canvel Co. md.	Other conditions
13. Birthplace Converted	(Include pregnancy within 3 months of death) Major findings of operations.
	Date of op.
18. Informant W. W.D. Tarvis m d.	Autepsy results
17. Burnel Date thereof Amil 17-19496. (Burlal, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory westmens two line.	Where did injury occur?
18. Funeral director ABanband Son	Means of injury Injured at work?
Address Westminste, Med. 18. # 19. 46 Ministration of the state of th	23. SIGNATURE Ohn & Stewart M. D. or other 18 42

Registrar



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEDEUCICIE	0.11	75.0
CERTIFICATE	OF	DEATH

Reg. Dist. No....

1. PLACE OF DEATH: Couoly			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town. Baltimore City (If outside city or town limits, write RURAL and give near Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Name Part of the state of the security Name Part of the security Nam	rest town)
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white	single	2D. DATE OF DEATH. April 15 1946	8:00p
7. Birth date of		8.(c) If allive, give ageyears	21.1 CERTIFY that death occurred on the date above stated; that lattended decea May 1 19.43 to April 2 and that I lest saw h im alive on April 15	
deceased (mo., day, years	Months	Days If less than one day	Immediate canse of death	DURATION
61 (?) 9. Birthplace	1 7 Dans	hrs. min. Maryland ounty, and state)	Chronic myocarditis and myo- cardial degeneration	2 yrs.
1D. Usual occupation	labore	ounty, and state)	Oue to	**************************************
11. Industry or business 12. Name	Coseph	Smith Bulk Maryland Maryland Maryland	Other conditions Schizophrenia (Include pregnancy within 8 months of death) Major findings of operations	
16. Informant Spri		State Hosp: records Maryland	Antopsy results	
17	or removal, Which?)	Date thereof Month) (day) (year) Allanged Security Long	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
19. 4-17 (Date rec'd by reg	19.46	aw Hedrick	Springfield State Hospital M. D. of Address Sykesville, Mary land Date signed.	t other 4-15-46

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CERTIFICATE OF DEATH

-				
	Reg.	Diat.	No.	******

1. PLACE OF DEATH: Carroll				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m		
	Henryton				ty	,,,
City or town. Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 22 days				City or town Baltimore (If outside city or town limits,	write RURAL and give no	earest town)
Hospital, institution, or street address where death occurred:				Street No. 2624 Flora St	reet	
Marylar	d_Tubercu Branch	losis	Sanatorium ton, Maryland	(If rural, give I	LOCATION)	
		TOTTE Y	oon, mary rand	2.(a) It veteran, name war		
3. (a) FULL NA	ME	TOITE	T FIR COMMOND		3. (b) Social Security	
	5. Color or race		LEE SPENCER	1	216-24-58	40
4. Sex		U.(W) Single			RTIFICATION	10.00A
male	col.		single	20. DATE OF DEATH April 13,		
B.(b) Name of husba	and or wife			21. I CERTIFY that death occurred on the date abov	e stated; that lattended dec	eased from
			:) It afive, give ageyears	March 22, 194 and that I last saw h im alive on Apr	il 13,	46
7. Birth date of deceased (mo., da	y, yr.) Nove.	mber 2	27, 1929			
O. AUL.	ears Months	Days	If less than one day	Immediate cause of death Pulmonary Tubercu	losis	4 months
1	6 4	16	hrsmin.			
9. Birthplace	Patrick	County	V Va.	Tuberculous Men	ingitis	T week
	Studen	t t	trace)			
11			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Due to		****
11. Industry or bus	anny Cant	er				***
12. Name	Unknown	Y		Other conditions		•••
		Cannor	n .	(Include pregnancy within 8 m	onths of death)	
14. Maiden na	Patric		nty, Va.	Major findings of operations		
	T. B. Taro		D			
16. Informant				Autopsy results	ch death should be charge	d statistically.
Address	Henryton	-		22. VIOLENCE: If death was due to external caus	es, till in the tollowing;	
1I(Burlal, crema	tion, or removal. Which?	Dale there	eof (month) (det) (year)	Accident, suicide, or homicide	Date ot	
Cemetery or crei	natory But.	310	n Clmelen	Where did injury occur?(City or town)	(County)	(State)
location 3218 Street				Injured at home, farm, industry, public place (wh		
Lucation	·b. ti	70.1	Williams	Meens of injury	injured at work?	
18. Funeral directo	00	12	20	0/6/	1	
Address So.	Klimar		and a	23. SIGNATURE	7 \	or other
19. April	13, 19 4	6 all	Deputy Loca Peristran	Henryton, Md.	Date signed	4-13-46
(a a a a a a			JOULLY LUCA			

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APR 20 1946

BURLAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 492

03665

CERTIFICATE OF DEATH

Reg. Dist. No. 74

How long in above place Hospital, institution, of Springfi	Carr Sykesvill outside city or town I' a of death? 8 ye r street address where eld 3 tat r institution?8y. E.	e mits, write F ars, death occurred e Hos	pital mo. 3 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	egrest town)
		E. S		o. (o) socias securi	,
female	5. Color or race white	_	e, married, widowed, or divorced ingle	MEDICAL CERTIFICATION 20. DATE OF DEATHApril 11, 19.46	315PP
		£.(c) If alive, give ageyears		19.46
8. AGE: Years		Days 27	tf less than one dayhrsmin.	Immediate cause of death Carcinoma of the left ovary	buration
11. Industry or busines	none s	county, and	state)	Oue to	
13. Birthplace M	laryland	.v		Other conditions 15 your State William Lail deficiency (Include pregnancy within 3 months of death)	
15. Birthplace	14. Malden name Emma Scheplich 15. Birthplace Maryland			(Include pregnancy within 3 months of death) Major findings of operations. Tumor of left ova Date of op.	
To. Impiliant	ospital	******************		Antopsy results	
17Construction Cemetery or cremator Location	cal or regord. Which? alleno Manie	Date then	Hospital Jed 13-194 Month (day) (year) Left Gyffer What What	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

03666

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn mants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Pour
How long in above place of death? 2/414 4 mus / da	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address what death occurred:	
Spring Julia H. Lall X Johnson	Street No
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
J. Carrole	Sternbach
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W divorced	20. DATE OF DEATH. April 12 1946, at 252 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	11/1-25 1824, to Shall 2 1946.
7. Sirth date of	and that I last saw h A 20 tree on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause uf death
1.6 6	f g
93 3 —hrsmin.	Danist Immunia La
9. Sirihplace(Town/county/and state)	Due to.
* alle san en	J. J
10. Usual occupation.	Due to Shift Wall Selling Stage I with
11. Industry or business	
12. Name	Other conditions
₹ 13. 8irthyraee	(Include prognancy within 3 months of death)
14. Maid of hour thermal Christell Menta	(Include programmy within 3 months of death)
15. 8 Irthologo	Major findings of uperations
Ida Difficulties	Date of op
18. Informant	Autopsy results
Address 406 mary land live bal	
(Eurial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to externat causes, fill in the tollowing; Accident, sutcide, or homicide
Cemetery or crematory	Where did injury occur?
Locellon Baltanante Ma	Injured at home, tarm, Industry, public place (where?)
18. Funeral director 2000 Long	Means of Injury Injured et work?
Address 1217 At Paul St. Balto Tus	WIM Most Into
01.0 14 11 0041	23. SIGNATURE M. D. oz object
19 Mary Land 18 Ha Can Valley Well	Stubernille hid 4/19/41

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MARYLAND STATE DEPARTMENT OF HEALTH

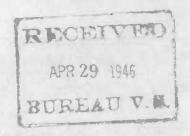
2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

03667

			71
Reg.	Dist.	No.	10

How long in above place of death? Hospital, institution, or street address where	ter mits, write RURAL and give nearest town) life dealh occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Carroll City or fown Westminster (If outside city or town limits, write RURAL and give nearest town) Streef No. 72 Pennsylvania Ave. (If rural, give LOCATION) 2.(a) If veteran, name war none 3. (b) Social Security Number
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white	married	2D. DATE OF DEATH April 26, 19 46 at 6.30p M
6.(b) Name of husband or wife Finds V. Stimax 6.(c) If alive, give age 75 years 7. Birth date of deceased (mo., day, yr.) January 17, 1871 Immediate cause of death.		
8. AGE: Years Months	Days If less than one day	Comman occurrent + 3 mon
75 3	9min.	
11. Industry or business	county, and state) or	Due fo
13. Birthplace Marylan		
Emily	J. Stimax	(Include pregnancy within 3 months of death) Major findings of operations.
		Date of op.
	timax	Autopsy results
17. burial (Burial, cremation, or removal, Which?)	nster, Md. Date thereof. 4/29/46 (month) (day) (year) ey Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
	mpstead, Md.	Injured at home, farm, Industry, public place (where?) Means of tnjury Injured at work?
18. Funeral director	ncis Reese nster, Md. Registrar	26. SIGNATURE Reference M. D. or other



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			7/
-0	-	m	. / /
	Keg.	Diat.	No.

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	state Maryland County Carroll	
City or town. Westminster R. D. T. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Westminster R. D. I (If outside city or town limits, write RURAL end give nearest town) Street No.	
Westminster R. D. I	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Clarence Thomas Stonesifer	None	
Male White Married Widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH Spril 20 1946 214:15 1. M	
8.(b) Name of husband or wife Ella Stonesifer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Rich date of	2005 3 D 4 15 10 @ rul 20 146	
TO TORE	and that I last saw home alive on a final 19 1846	
deceased (mo., day, yr.) OCTODER 12 1879 8. AGE: Years Months Days If less than one day	Immediate cause of Seath Duration	
70 6 8hrsmin.	Costac news o temps Tour	
9. Birthplace Carroll Co. Md. (Town, county, and state)	Due to Cardio vascular () t	
10. Usual occupation Retired Farmer	a seatt	
11. Industry or business Farm	Due to	
	Other conditions Previous hemilogia 6 yrs	
Joseph Stonesifer 12. Name		
E 14. Maiden name. Catherine Miller	(Include pregnancy within 3 months of death)	
14. Maiden name Catherine Miller 15. Birthplace Carroll Co. Md.	Major findings of operations	
16. Informani Mrs. Clarence Stonesifer	Autopsy results.	
	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
TO A	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) (month) (day) (year)		
Cemetery or crematory Pleasant Valley Cometery	Where did injury occur?	
Location Pleasant Valley Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director F. M. Little 4 Jon	Means of Injury Injured at work?	
Address Littlestown, Pa. Per A. Lute	6/ alrossalvalbens	
11/21 11 9/11	M. D. or pther	
19. (Date rec'd by yegistrar) 19. 6. Registrar	Address westminster Date signed 4 201	
	ma 196	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	(If rural, give LOCATION)
	2.(a) 11 veteran, name war
3. (a) FULL NAME amaza werner	3. (b) Social Security Number
4. Sex 5 60 or or race 8.(a) Singla, married, widowed, or divorced	MEDICAL CERTIFICATION
f. Col. widowed	20. DATE DE DEATH Of WILL 23, 1946 at 3 P. M
5. (b) Rame of husband or wife. Charles Warner	21. I CERTIFY that death occurred on the date above stated: that I bitended deceased from
	Cua 3 1 1 10 10 Cipa 2 2, 1946
7. Birth date of	and that I last saw here on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
	(mycardial , Jones
about 65	· Olgeneration
9. Birthplace (Town, county, and etage)	Due to Cardin Starcular Indefine
10. Usual occupation passe - serve at	injerienme disease
11. industry or business	Due To.
	Comment Melatricus 11
12. Name	Diher conditions
	(include pregnancy within 3 months of death)
14. Walden name	Major fludings of operations
	Date of op.
16. Informant World H. H. H. H. C. Con)	Autopsy results
Address Charles St. Westminster	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Berial Date thereof Cepsiel /26/46	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory White Charles	Where did injury occur?
Location bestuusle mil.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Q 1 E: Magues 92	Means of Injury Injured at work?
Address O Westminister Med	23. SIGNATURE 9 Relselvilles, m. 5
19. 4/25 (Date ree'd by registrar) 19. 46. 2K. Woodward Registrar	Address Westminster Bate signed 4 24 /46



Reg. Diat. No. ...

DEATH

in	80		2411 N. Charles St., Be		
M	ect a		CERTIFICATE OF		
	. Seri	1. PLACE OF DEATH:	2. USL		

2. US	UAL RESIDENCE (HOME) OF DECEASED: For newborn infants give residence of mether)
	Maryland County County
City or	town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Street	No. 1709 N. Dallas Street

۱	I. PLACE OF DEATH.
١	County Carroll
١	City or town Henryton (If outside city or town limits, write RURAL and give nearest town)
	(If outside city or town limits, write RURAL and give nearest town)
	1 month 23 days
I	How long in above place of death?
	Hospital Institution, or street address where death occurred: Sanatorium
l	Colored Branch, Henryton, Maryland How long in hospital or institution?
ı	3. (a) FULL NAME
1	ETHEL WATSON

6.(a) Single, married, widowed, or divorced

married

5. Color or race

female | colored

WITH UNFADING INK. Supply every item of information carefully. The continuous important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

MARGIN RESERVED FOR BINDING

4. Sex

3. (b) Social Security Numb	er

6.(b) Name of	husband or w	lfe			
7. 8irth date of deceased (r	of no., day, yr.)	December 17, 1914			
8. AGE:	Years	Months	Days	If less than one o	lay
	31	3	26	hrs.	min.
			vn, county, and	state)	
1D. Usual occ	supation NC	ne			***************************************
11. Industry					
当 12. Name	l	Unkno	wn		
12. Name		Unknw			
14. Mald	en name	Unkno		***************************************	***************************************
S 15. Birth	place	Unkno			
16. Informant	I.	B. Ly	on, M.	D.	
Address	Her	ryton	, Mary		
17(Burial, c	remation, or	removal. Whi	ch?) ()	eof april (month)	7./946 day) (year)
			Calvar	40.	
Location	ou director m	usia	polis	light? d	aughter
Address	1129	n. C	arolin	e St.	V
19. (Date re	/13 c'd by registr	19	6 All	Vut R Si	Registrar

MEDICAL CERTIFICATION							
20. DATE DF DEATH. April 13, 19 46							
21. I CERTIFY that death occurred on the date above stated; that I attended decease Feb., 20, 19, 46, to Apr., 19, and that I last saw h. er alive on April 13,	3 9 19 46						
Immediate cause of death Tuberculosis							
	••••••						
Due to	**************************						
Due fo							
Other conditions							
(Include pregnancy within 3 months of death)							
Major findings of operatious							
Date of op							
Antopsy results							
22. VIOLENCE: tf death was due to external causes, fill in the following:							
Accident, suicide, or homicide							
	(State)						
Injured at home, farm, industry, public place (where?)							
Means of tnjury Injured at work?							
23. SIGHATURE M. D. o	, ,						
Address Henryton, Md. Date signed	1/13/46						

RECEIVED
APR 20 1946
BURLAU V.S.